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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	

D00	Wkst D Apportionment of Costs				
1	Part 1 - Apportionment of Inpatient Routine - Service Capital Costs				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00100	Capital Related Cost	6,234,706.	
03000	Adults and Pediatrics - General Routine Care	00300	Net Capital Related Cost	6,234,706.	
03000	Adults and Pediatrics - General Routine Care	00400	Total Patient Days	77,757.	Days
03000	Adults and Pediatrics - General Routine Care	00500	Per Diem	80.18	Per Diem
03000	Adults and Pediatrics - General Routine Care	00600	Inpatient Program Days	18,005.	Days
03000	Adults and Pediatrics - General Routine Care	00700	Inpatient Capital Cost	1,443,641.	
03100	Intensive Care Unit	00100	Capital Related Cost	798,243.	
03100	Intensive Care Unit	00300	Net Capital Related Cost	798,243.	
03100	Intensive Care Unit	00400	Total Patient Days	8,175.	Days
03100	Intensive Care Unit	00500	Per Diem	97.64	Per Diem
03100	Intensive Care Unit	00600	Inpatient Program Days	7,545.	Days
03100	Intensive Care Unit	00700	Inpatient Capital Cost	736,694.	
03200	Coronary Care Unit	00100	Capital Related Cost	1,268,307.	
03200	Coronary Care Unit	00300	Net Capital Related Cost	1,268,307.	
03200	Coronary Care Unit	00400	Total Patient Days	7,653.	Days
03200	Coronary Care Unit	00500	Per Diem	165.73	Per Diem
03200	Coronary Care Unit	00600	Inpatient Program Days	3,901.	Days
03200	Coronary Care Unit	00700	Inpatient Capital Cost	646,513.	
03200	Coronary Care Unit	00100	Capital Related Cost	46,297.	03201
03200	Coronary Care Unit	00300	Net Capital Related Cost	46,297.	03201
03200	Coronary Care Unit	00400	Total Patient Days	261.	Days
03200	Coronary Care Unit	00500	Per Diem	177.38	Per Diem
03200	Coronary Care Unit	00100	Capital Related Cost	261,150.	03202
03200	Coronary Care Unit	00300	Net Capital Related Cost	261,150.	03202
03200	Coronary Care Unit	00400	Total Patient Days	5,997.	Days
03200	Coronary Care Unit	00500	Per Diem	43.55	Per Diem
04100	Subprovider - IRF	00100	Capital Related Cost	1,207,664.	
04100	Subprovider - IRF	00300	Net Capital Related Cost	1,207,664.	
04100	Subprovider - IRF	00400	Total Patient Days	10,842.	Days
04100	Subprovider - IRF	00500	Per Diem	111.39	Per Diem
04100	Subprovider - IRF	00600	Inpatient Program Days	8,383.	Days
04100	Subprovider - IRF	00700	Inpatient Capital Cost	933,782.	

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

D00	Wkst D Apportionment of Costs				
1	Part 1 - Apportionment of Inpatient Routine - Service Capital Costs				
04300	Nursery	00100	Capital Related Cost	344,914.	
04300	Nursery	00300	Net Capital Related Cost	344,914.	
04300	Nursery	00400	Total Patient Days	5,605.	Days
04300	Nursery	00500	Per Diem	61.54	Per Diem
20000	Worksheet D Part 1 Total (Lines 30-199)	00100	Capital Related Cost	10,161,281.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00300	Net Capital Related Cost	10,161,281.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00400	Total Patient Days	116,290.	Days
20000	Worksheet D Part 1 Total (Lines 30-199)	00600	Inpatient Program Days	37,834.	Days
20000	Worksheet D Part 1 Total (Lines 30-199)	00700	Inpatient Capital Cost	3,760,630.	
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
A18	Hospital Medicare				
05000	Operating Room	00100	Capital Related Cost	3,426,508.	
05000	Operating Room	00200	Total Charges	277,559,163.	
05000	Operating Room	00300	Cost to Charge Ratio	0.012345	Ratio
05000	Operating Room	00400	Inpatient Charges	58,108,908.	
05000	Operating Room	00500	Capital Costs	717,354.	
05100	Recovery Room	00100	Capital Related Cost	300,578.	
05100	Recovery Room	00200	Total Charges	21,073,927.	
05100	Recovery Room	00300	Cost to Charge Ratio	0.014263	Ratio
05100	Recovery Room	00400	Inpatient Charges	3,608,817.	
05100	Recovery Room	00500	Capital Costs	51,473.	
05200	Delivery Room and Labor Room	00100	Capital Related Cost	533,096.	
05200	Delivery Room and Labor Room	00200	Total Charges	18,213,583.	
05200	Delivery Room and Labor Room	00300	Cost to Charge Ratio	0.029269	Ratio
05200	Delivery Room and Labor Room	00400	Inpatient Charges	43,764.	
05200	Delivery Room and Labor Room	00500	Capital Costs	1,281.	
05300	Anesthesiology	00100	Capital Related Cost	58,637.	
05300	Anesthesiology	00200	Total Charges	48,158,642.	
05300	Anesthesiology	00300	Cost to Charge Ratio	0.001218	Ratio
05300	Anesthesiology	00400	Inpatient Charges	8,816,028.	
05300	Anesthesiology	00500	Capital Costs	10,738.	
05400	Radiology - Diagnostc	00100	Capital Related Cost	1,163,551.	
05400	Radiology - Diagnostc	00200	Total Charges	69,321,545.	

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100002 BETHESDA HOSPITAL BOYNTON BEACH, FL 33435

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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.016785	Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	11,289,692.	
05400	Radiology - Diagnositc	00500	Capital Costs	189,497.	
05600	Radioisotope	00100	Capital Related Cost	146,159.	
05600	Radioisotope	00200	Total Charges	10,638,165.	
05600	Radioisotope	00300	Cost to Charge Ratio	0.013739	Ratio
05600	Radioisotope	00400	Inpatient Charges	2,064,094.	
05600	Radioisotope	00500	Capital Costs	28,359.	
05700	Computer Tomography (CT) Scan	00100	Capital Related Cost	241,550.	
05700	Computer Tomography (CT) Scan	00200	Total Charges	208,095,416.	
05700	Computer Tomography (CT) Scan	00300	Cost to Charge Ratio	0.001161	Ratio
05700	Computer Tomography (CT) Scan	00400	Inpatient Charges	28,668,864.	
05700	Computer Tomography (CT) Scan	00500	Capital Costs	33,285.	
05800	Magnetic Resonance Imaging (MRI)	00100	Capital Related Cost	438,049.	
05800	Magnetic Resonance Imaging (MRI)	00200	Total Charges	28,429,744.	
05800	Magnetic Resonance Imaging (MRI)	00300	Cost to Charge Ratio	0.015408	Ratio
05800	Magnetic Resonance Imaging (MRI)	00400	Inpatient Charges	5,194,121.	
05800	Magnetic Resonance Imaging (MRI)	00500	Capital Costs	80,031.	
05900	Cardiac Catheterization	00100	Capital Related Cost	326,132.	
05900	Cardiac Catheterization	00200	Total Charges	84,558,802.	
05900	Cardiac Catheterization	00300	Cost to Charge Ratio	0.003857	Ratio
05900	Cardiac Catheterization	00400	Inpatient Charges	18,896,124.	
05900	Cardiac Catheterization	00500	Capital Costs	72,882.	
06000	Laboratory	00100	Capital Related Cost	681,526.	
06000	Laboratory	00200	Total Charges	225,809,952.	
06000	Laboratory	00300	Cost to Charge Ratio	0.003018	Ratio
06000	Laboratory	00400	Inpatient Charges	48,074,314.	
06000	Laboratory	00500	Capital Costs	145,088.	
06300	Blood Storing, Processing and Transportation	00100	Capital Related Cost	19,698.	
06300	Blood Storing, Processing and Transportation	00200	Total Charges	9,670,691.	
06300	Blood Storing, Processing and Transportation	00300	Cost to Charge Ratio	0.002037	Ratio
06300	Blood Storing, Processing and Transportation	00400	Inpatient Charges	2,348,194.	
06300	Blood Storing, Processing and Transportation	00500	Capital Costs	4,783.	

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100002	BETHESDA HOSPITAL BOYNTON BEACH, FL 33435				

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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
06500	Respiratory Therapy	00100	Capital Related Cost	240,211.	
06500	Respiratory Therapy	00200	Total Charges	39,051,064.	
06500	Respiratory Therapy	00300	Cost to Charge Ratio	0.006151	Ratio
06500	Respiratory Therapy	00400	Inpatient Charges	13,962,086.	
06500	Respiratory Therapy	00500	Capital Costs	85,881.	
06600	Physical Therapy	00100	Capital Related Cost	407,192.	
06600	Physical Therapy	00200	Total Charges	77,802,745.	
06600	Physical Therapy	00300	Cost to Charge Ratio	0.005234	Ratio
06600	Physical Therapy	00400	Inpatient Charges	12,854,647.	
06600	Physical Therapy	00500	Capital Costs	67,281.	
06900	Electrocardiology	00100	Capital Related Cost	805,619.	
06900	Electrocardiology	00200	Total Charges	47,342,670.	
06900	Electrocardiology	00300	Cost to Charge Ratio	0.017017	Ratio
06900	Electrocardiology	00400	Inpatient Charges	12,760,241.	
06900	Electrocardiology	00500	Capital Costs	217,141.	
07100	Medical Supplies Charged to Patients	00100	Capital Related Cost	453,065.	
07100	Medical Supplies Charged to Patients	00200	Total Charges	77,853,711.	
07100	Medical Supplies Charged to Patients	00300	Cost to Charge Ratio	0.005819	Ratio
07100	Medical Supplies Charged to Patients	00400	Inpatient Charges	13,971,084.	
07100	Medical Supplies Charged to Patients	00500	Capital Costs	81,298.	
07200	Implantable Devices Charged to Patients	00100	Capital Related Cost	291,599.	
07200	Implantable Devices Charged to Patients	00200	Total Charges	132,727,815.	
07200	Implantable Devices Charged to Patients	00300	Cost to Charge Ratio	0.002197	Ratio
07200	Implantable Devices Charged to Patients	00400	Inpatient Charges	40,551,826.	
07200	Implantable Devices Charged to Patients	00500	Capital Costs	89,092.	
07300	Drugs Charged to Patients	00100	Capital Related Cost	1,048,911.	
07300	Drugs Charged to Patients	00200	Total Charges	258,164,693.	
07300	Drugs Charged to Patients	00300	Cost to Charge Ratio	0.004063	Ratio
07300	Drugs Charged to Patients	00400	Inpatient Charges	66,097,742.	
07300	Drugs Charged to Patients	00500	Capital Costs	268,555.	
07400	Renal Dialysis	00100	Capital Related Cost	54,598.	
07400	Renal Dialysis	00200	Total Charges	14,774,312.	
07400	Renal Dialysis	00300	Cost to Charge Ratio	0.003695	Ratio

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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
07400	Renal Dialysis	00400	Inpatient Charges	4,011,492.	
07400	Renal Dialysis	00500	Capital Costs	14,822.	
07600	Other Ancillary Cost	00100	Capital Related Cost	250,706.	07601
07600	Other Ancillary Cost	00200	Total Charges	9,024,613.	07601
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.027780	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	32,044.	07601
07600	Other Ancillary Cost	00500	Capital Costs	890.	07601
07600	Other Ancillary Cost	00100	Capital Related Cost	4,466.	07602
07600	Other Ancillary Cost	00200	Total Charges	6,369,766.	07602
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.000701	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	1,529,569.	07602
07600	Other Ancillary Cost	00500	Capital Costs	1,072.	07602
07600	Other Ancillary Cost	00100	Capital Related Cost	59,045.	07603
07600	Other Ancillary Cost	00200	Total Charges	4,417,328.	07603
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.013367	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	742,636.	07603
07600	Other Ancillary Cost	00500	Capital Costs	9,927.	07603
07600	Other Ancillary Cost	00100	Capital Related Cost	87,714.	07697
07600	Other Ancillary Cost	00200	Total Charges	2,461,141.	07697
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.035640	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	189.	07697
07600	Other Ancillary Cost	00500	Capital Costs	7.	07697
07600	Other Ancillary Cost	00100	Capital Related Cost	2,005.	07698
07600	Other Ancillary Cost	00200	Total Charges	3,558,234.	07698
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.000563	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	10,071.	07698
07600	Other Ancillary Cost	00500	Capital Costs	6.	07698
09100	Emergency	00100	Capital Related Cost	1,379,118.	
09100	Emergency	00200	Total Charges	179,452,873.	
09100	Emergency	00300	Cost to Charge Ratio	0.007685	Ratio
09100	Emergency	00400	Inpatient Charges	17,874,930.	
09100	Emergency	00500	Capital Costs	137,369.	
09200	Observation Beds	00100	Capital Related Cost	988,560.	

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100002	BETHESDA HOSPITAL BOYNTON BEACH, FL	33435			

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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
09200	Observation Beds	00200	Total Charges	27,252,672.	
09200	Observation Beds	00300	Cost to Charge Ratio	0.036274	Ratio
09200	Observation Beds	00400	Inpatient Charges	78,193.	
09200	Observation Beds	00500	Capital Costs	2,836.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00100	Capital Related Cost	13,408,293.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00200	Total Charges	1,881,783,267.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00400	Inpatient Charges	371,589,670.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00500	Capital Costs	2,310,948.	
C18	IRF Medicare				
05000	Operating Room	00100	Capital Related Cost	3,426,508.	
05000	Operating Room	00200	Total Charges	277,559,163.	
05000	Operating Room	00300	Cost to Charge Ratio	0.012345	Ratio
05000	Operating Room	00400	Inpatient Charges	186,375.	
05000	Operating Room	00500	Capital Costs	2,301.	
05100	Recovery Room	00100	Capital Related Cost	300,578.	
05100	Recovery Room	00200	Total Charges	21,073,927.	
05100	Recovery Room	00300	Cost to Charge Ratio	0.014263	Ratio
05100	Recovery Room	00400	Inpatient Charges	17,190.	
05100	Recovery Room	00500	Capital Costs	245.	
05200	Delivery Room and Labor Room	00100	Capital Related Cost	533,096.	
05200	Delivery Room and Labor Room	00200	Total Charges	18,213,583.	
05200	Delivery Room and Labor Room	00300	Cost to Charge Ratio	0.029269	Ratio
05300	Anesthesiology	00100	Capital Related Cost	58,637.	
05300	Anesthesiology	00200	Total Charges	48,158,642.	
05300	Anesthesiology	00300	Cost to Charge Ratio	0.001218	Ratio
05300	Anesthesiology	00400	Inpatient Charges	47,485.	
05300	Anesthesiology	00500	Capital Costs	58.	
05400	Radiology - Diagnostc	00100	Capital Related Cost	1,163,551.	
05400	Radiology - Diagnostc	00200	Total Charges	69,321,545.	
05400	Radiology - Diagnostc	00300	Cost to Charge Ratio	0.016785	Ratio
05400	Radiology - Diagnostc	00400	Inpatient Charges	454,867.	
05400	Radiology - Diagnostc	00500	Capital Costs	7,635.	
05600	Radioisotope	00100	Capital Related Cost	146,159.	

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100002 BETHESDA HOSPITAL BOYNTON BEACH, FL 33435

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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05600	Radioisotope	00200	Total Charges	10,638,165.	
05600	Radioisotope	00300	Cost to Charge Ratio	0.013739	Ratio
05600	Radioisotope	00400	Inpatient Charges	27,973.	
05600	Radioisotope	00500	Capital Costs	384.	
05700	Computer Tomography (CT) Scan	00100	Capital Related Cost	241,550.	
05700	Computer Tomography (CT) Scan	00200	Total Charges	208,095,416.	
05700	Computer Tomography (CT) Scan	00300	Cost to Charge Ratio	0.001161	Ratio
05700	Computer Tomography (CT) Scan	00400	Inpatient Charges	580,667.	
05700	Computer Tomography (CT) Scan	00500	Capital Costs	674.	
05800	Magnetic Resonance Imaging (MRI)	00100	Capital Related Cost	438,049.	
05800	Magnetic Resonance Imaging (MRI)	00200	Total Charges	28,429,744.	
05800	Magnetic Resonance Imaging (MRI)	00300	Cost to Charge Ratio	0.015408	Ratio
05800	Magnetic Resonance Imaging (MRI)	00400	Inpatient Charges	114,216.	
05800	Magnetic Resonance Imaging (MRI)	00500	Capital Costs	1,760.	
05900	Cardiac Catheterization	00100	Capital Related Cost	326,132.	
05900	Cardiac Catheterization	00200	Total Charges	84,558,802.	
05900	Cardiac Catheterization	00300	Cost to Charge Ratio	0.003857	Ratio
06000	Laboratory	00100	Capital Related Cost	681,526.	
06000	Laboratory	00200	Total Charges	225,809,952.	
06000	Laboratory	00300	Cost to Charge Ratio	0.003018	Ratio
06000	Laboratory	00400	Inpatient Charges	3,157,285.	
06000	Laboratory	00500	Capital Costs	9,529.	
06300	Blood Storing, Processing and Transportation	00100	Capital Related Cost	19,698.	
06300	Blood Storing, Processing and Transportation	00200	Total Charges	9,670,691.	
06300	Blood Storing, Processing and Transportation	00300	Cost to Charge Ratio	0.002037	Ratio
06300	Blood Storing, Processing and Transportation	00400	Inpatient Charges	33,106.	
06300	Blood Storing, Processing and Transportation	00500	Capital Costs	67.	
06500	Respiratory Therapy	00100	Capital Related Cost	240,211.	
06500	Respiratory Therapy	00200	Total Charges	39,051,064.	
06500	Respiratory Therapy	00300	Cost to Charge Ratio	0.006151	Ratio
06500	Respiratory Therapy	00400	Inpatient Charges	877,776.	
06500	Respiratory Therapy	00500	Capital Costs	5,399.	
06600	Physical Therapy	00100	Capital Related Cost	407,192.	

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100002 BETHESDA HOSPITAL BOYNTON BEACH, FL 33435

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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
06600	Physical Therapy	00200	Total Charges	77,802,745.	
06600	Physical Therapy	00300	Cost to Charge Ratio	0.005234	Ratio
06600	Physical Therapy	00400	Inpatient Charges	14,939,273.	
06600	Physical Therapy	00500	Capital Costs	78,192.	
06900	Electrocardiology	00100	Capital Related Cost	805,619.	
06900	Electrocardiology	00200	Total Charges	47,342,670.	
06900	Electrocardiology	00300	Cost to Charge Ratio	0.017017	Ratio
06900	Electrocardiology	00400	Inpatient Charges	487,279.	
06900	Electrocardiology	00500	Capital Costs	8,292.	
07100	Medical Supplies Charged to Patients	00100	Capital Related Cost	453,065.	
07100	Medical Supplies Charged to Patients	00200	Total Charges	77,853,711.	
07100	Medical Supplies Charged to Patients	00300	Cost to Charge Ratio	0.005819	Ratio
07100	Medical Supplies Charged to Patients	00400	Inpatient Charges	711,943.	
07100	Medical Supplies Charged to Patients	00500	Capital Costs	4,143.	
07200	Implantable Devices Charged to Patients	00100	Capital Related Cost	291,599.	
07200	Implantable Devices Charged to Patients	00200	Total Charges	132,727,815.	
07200	Implantable Devices Charged to Patients	00300	Cost to Charge Ratio	0.002197	Ratio
07200	Implantable Devices Charged to Patients	00400	Inpatient Charges	67,368.	
07200	Implantable Devices Charged to Patients	00500	Capital Costs	148.	
07300	Drugs Charged to Patients	00100	Capital Related Cost	1,048,911.	
07300	Drugs Charged to Patients	00200	Total Charges	258,164,693.	
07300	Drugs Charged to Patients	00300	Cost to Charge Ratio	0.004063	Ratio
07300	Drugs Charged to Patients	00400	Inpatient Charges	5,233,104.	
07300	Drugs Charged to Patients	00500	Capital Costs	21,262.	
07400	Renal Dialysis	00100	Capital Related Cost	54,598.	
07400	Renal Dialysis	00200	Total Charges	14,774,312.	
07400	Renal Dialysis	00300	Cost to Charge Ratio	0.003695	Ratio
07400	Renal Dialysis	00400	Inpatient Charges	648,055.	
07400	Renal Dialysis	00500	Capital Costs	2,395.	
07600	Other Ancillary Cost	00100	Capital Related Cost	250,706.	07601
07600	Other Ancillary Cost	00200	Total Charges	9,024,613.	07601
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.027780	Ratio
07600	Other Ancillary Cost	00100	Capital Related Cost	4,466.	07602

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
07600	Other Ancillary Cost	00200	Total Charges	6,369,766.	07602
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.000701	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	119,994.	07602
07600	Other Ancillary Cost	00500	Capital Costs	84.	07602
07600	Other Ancillary Cost	00100	Capital Related Cost	59,045.	07603
07600	Other Ancillary Cost	00200	Total Charges	4,417,328.	07603
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.013367	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	14,994.	07603
07600	Other Ancillary Cost	00500	Capital Costs	200.	07603
07600	Other Ancillary Cost	00100	Capital Related Cost	87,714.	07697
07600	Other Ancillary Cost	00200	Total Charges	2,461,141.	07697
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.035640	Ratio
07600	Other Ancillary Cost	00100	Capital Related Cost	2,005.	07698
07600	Other Ancillary Cost	00200	Total Charges	3,558,234.	07698
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.000563	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	35,808.	07698
07600	Other Ancillary Cost	00500	Capital Costs	20.	07698
09100	Emergency	00100	Capital Related Cost	1,379,118.	
09100	Emergency	00200	Total Charges	179,452,873.	
09100	Emergency	00300	Cost to Charge Ratio	0.007685	Ratio
09200	Observation Beds	00200	Total Charges	27,252,672.	
09200	Observation Beds	00400	Inpatient Charges	14,820.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00100	Capital Related Cost	12,419,733.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00200	Total Charges	1,881,783,267.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00400	Inpatient Charges	27,769,578.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00500	Capital Costs	142,788.	
3	Part 3 - Apportionment of Inpatient Routine Service - Other Pass Through Cost				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00100	Nursing School	1,362,641.	
03000	Adults and Pediatrics - General Routine Care	00500	Total Cost	1,362,641.	
03000	Adults and Pediatrics - General Routine Care	00600	Total Patient Days	77,757.	Days
03000	Adults and Pediatrics - General Routine Care	00700	Per Diem	17.52	Per Diem
03000	Adults and Pediatrics - General Routine Care	00800	Program Inpatient Days	18,005.	Days

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D00	Wkst D Apportionment of Costs				
3	Part 3 - Apportionment of Inpatient Routine Service - Other Pass Through Cost				
03000	Adults and Pediatrics - General Routine Care	00900	Program Pass Thru Cost	315,448.	
03100	Intensive Care Unit	00100	Nursing School	14,325.	
03100	Intensive Care Unit	00500	Total Cost	14,325.	
03100	Intensive Care Unit	00600	Total Patient Days	8,175.	Days
03100	Intensive Care Unit	00700	Per Diem	1.75	Per Diem
03100	Intensive Care Unit	00800	Program Inpatient Days	7,545.	Days
03100	Intensive Care Unit	00900	Program Pass Thru Cost	13,204.	
03200	Coronary Care Unit	00100	Nursing School	128,921.	
03200	Coronary Care Unit	00500	Total Cost	128,921.	
03200	Coronary Care Unit	00600	Total Patient Days	7,653.	Days
03200	Coronary Care Unit	00700	Per Diem	16.85	Per Diem
03200	Coronary Care Unit	00800	Program Inpatient Days	3,901.	Days
03200	Coronary Care Unit	00900	Program Pass Thru Cost	65,732.	
03200	Coronary Care Unit	00100	Nursing School	37,171.	03201
03200	Coronary Care Unit	00500	Total Cost	37,171.	03201
03200	Coronary Care Unit	00600	Total Patient Days	261.	Days
03200	Coronary Care Unit	00700	Per Diem	142.42	Per Diem
03200	Coronary Care Unit	00100	Nursing School	19,220.	03202
03200	Coronary Care Unit	00500	Total Cost	19,220.	03202
03200	Coronary Care Unit	00600	Total Patient Days	5,997.	Days
03200	Coronary Care Unit	00700	Per Diem	3.20	Per Diem
04100	Subprovider - IRF	00100	Nursing School	71,441.	
04100	Subprovider - IRF	00500	Total Cost	71,441.	
04100	Subprovider - IRF	00600	Total Patient Days	10,842.	Days
04100	Subprovider - IRF	00700	Per Diem	6.59	Per Diem
04100	Subprovider - IRF	00800	Program Inpatient Days	8,383.	Days
04100	Subprovider - IRF	00900	Program Pass Thru Cost	55,244.	
04300	Nursery	00600	Total Patient Days	5,605.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00100	Nursing School	1,633,719.	
20000	Worksheet D Part 3 Total (Lines 30-199)	00500	Total Cost	1,633,719.	
20000	Worksheet D Part 3 Total (Lines 30-199)	00600	Total Patient Days	116,290.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00800	Program Inpatient Days	37,834.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00900	Program Pass Thru Cost	449,628.	

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D00	Wkst D Apportionment of Costs			
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost			
A18	Hospital Medicare			
05000	Operating Room	00200	Nursing School	71,079.
05000	Operating Room	00500	Total Cost	71,079.
05000	Operating Room	00600	Outpatient Cost	71,079.
05000	Operating Room	00700	Total Charges	277,559,163.
05000	Operating Room	00800	Inpatient Cost to Charge	0.000256 Ratio
05000	Operating Room	00900	Outpatient Cost to Charge	0.000256 Ratio
05000	Operating Room	01000	Inpatient Charges	58,108,908.
05000	Operating Room	01100	Inpatient Pass Thru Cost	14,876.
05000	Operating Room	01200	Outpatient Charges	40,987,185.
05000	Operating Room	01300	Outpatient Pass Thru Cost	10,493.
05100	Recovery Room	00200	Nursing School	1,451.
05100	Recovery Room	00500	Total Cost	1,451.
05100	Recovery Room	00600	Outpatient Cost	1,451.
05100	Recovery Room	00700	Total Charges	21,073,927.
05100	Recovery Room	00800	Inpatient Cost to Charge	0.000069 Ratio
05100	Recovery Room	00900	Outpatient Cost to Charge	0.000069 Ratio
05100	Recovery Room	01000	Inpatient Charges	3,608,817.
05100	Recovery Room	01100	Inpatient Pass Thru Cost	249.
05100	Recovery Room	01200	Outpatient Charges	4,010,694.
05100	Recovery Room	01300	Outpatient Pass Thru Cost	277.
05200	Delivery Room and Labor Room	00200	Nursing School	101,178.
05200	Delivery Room and Labor Room	00500	Total Cost	101,178.
05200	Delivery Room and Labor Room	00600	Outpatient Cost	101,178.
05200	Delivery Room and Labor Room	00700	Total Charges	18,213,583.
05200	Delivery Room and Labor Room	00800	Inpatient Cost to Charge	0.005555 Ratio
05200	Delivery Room and Labor Room	00900	Outpatient Cost to Charge	0.005555 Ratio
05200	Delivery Room and Labor Room	01000	Inpatient Charges	43,764.
05200	Delivery Room and Labor Room	01100	Inpatient Pass Thru Cost	243.

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100002 BETHESDA HOSPITAL BOYNTON BEACH, FL 33435

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
05200	Delivery Room and Labor Room	01200	Outpatient Charges	171,774.	
05200	Delivery Room and Labor Room	01300	Outpatient Pass Thru Cost	954.	
05300	Anesthesiology	00700	Total Charges	48,158,642.	
05300	Anesthesiology	01000	Inpatient Charges	8,816,028.	
05300	Anesthesiology	01200	Outpatient Charges	6,950,986.	
05400	Radiology - Diagnositc	00300	Allied Health	274,442.	
05400	Radiology - Diagnositc	00500	Total Cost	274,442.	
05400	Radiology - Diagnositc	00600	Outpatient Cost	274,442.	
05400	Radiology - Diagnositc	00700	Total Charges	69,321,545.	
05400	Radiology - Diagnositc	00800	Inpatient Cost to Charge	0.003959	Ratio
05400	Radiology - Diagnositc	00900	Outpatient Cost to Charge	0.003959	Ratio
05400	Radiology - Diagnositc	01000	Inpatient Charges	11,289,692.	
05400	Radiology - Diagnositc	01100	Inpatient Pass Thru Cost	44,696.	
05400	Radiology - Diagnositc	01200	Outpatient Charges	9,399,267.	
05400	Radiology - Diagnositc	01300	Outpatient Pass Thru Cost	37,212.	
05600	Radioisotope	00700	Total Charges	10,638,165.	
05600	Radioisotope	01000	Inpatient Charges	2,064,094.	
05600	Radioisotope	01200	Outpatient Charges	1,922,056.	
05700	Computer Tomography (CT) Scan	00200	Nursing School	4,714.	
05700	Computer Tomography (CT) Scan	00500	Total Cost	4,714.	
05700	Computer Tomography (CT) Scan	00600	Outpatient Cost	4,714.	
05700	Computer Tomography (CT) Scan	00700	Total Charges	208,095,416.	
05700	Computer Tomography (CT) Scan	00800	Inpatient Cost to Charge	0.000023	Ratio
05700	Computer Tomography (CT) Scan	00900	Outpatient Cost to Charge	0.000023	Ratio
05700	Computer Tomography (CT) Scan	01000	Inpatient Charges	28,668,864.	
05700	Computer Tomography (CT) Scan	01100	Inpatient Pass Thru Cost	659.	
05700	Computer Tomography (CT) Scan	01200	Outpatient Charges	36,330,958.	
05700	Computer Tomography (CT) Scan	01300	Outpatient Pass Thru Cost	836.	
05800	Magnetic Resonance Imaging (MRI)	00200	Nursing School	1,088.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
05800	Magnetic Resonance Imaging (MRI)	00500	Total Cost	1,088.	
05800	Magnetic Resonance Imaging (MRI)	00600	Outpatient Cost	1,088.	
05800	Magnetic Resonance Imaging (MRI)	00700	Total Charges	28,429,744.	
05800	Magnetic Resonance Imaging (MRI)	00800	Inpatient Cost to Charge	0.000038	Ratio
05800	Magnetic Resonance Imaging (MRI)	00900	Outpatient Cost to Charge	0.000038	Ratio
05800	Magnetic Resonance Imaging (MRI)	01000	Inpatient Charges	5,194,121.	
05800	Magnetic Resonance Imaging (MRI)	01100	Inpatient Pass Thru Cost	197.	
05800	Magnetic Resonance Imaging (MRI)	01200	Outpatient Charges	5,893,918.	
05800	Magnetic Resonance Imaging (MRI)	01300	Outpatient Pass Thru Cost	224.	
05900	Cardiac Catheterization	00200	Nursing School	34,089.	
05900	Cardiac Catheterization	00500	Total Cost	34,089.	
05900	Cardiac Catheterization	00600	Outpatient Cost	34,089.	
05900	Cardiac Catheterization	00700	Total Charges	84,558,802.	
05900	Cardiac Catheterization	00800	Inpatient Cost to Charge	0.000403	Ratio
05900	Cardiac Catheterization	00900	Outpatient Cost to Charge	0.000403	Ratio
05900	Cardiac Catheterization	01000	Inpatient Charges	18,896,124.	
05900	Cardiac Catheterization	01100	Inpatient Pass Thru Cost	7,615.	
05900	Cardiac Catheterization	01200	Outpatient Charges	15,707,579.	
05900	Cardiac Catheterization	01300	Outpatient Pass Thru Cost	6,330.	
06000	Laboratory	00700	Total Charges	225,809,952.	
06000	Laboratory	01000	Inpatient Charges	48,074,314.	
06000	Laboratory	01200	Outpatient Charges	18,320,582.	
06300	Blood Storing, Processing and Transportation	00200	Nursing School	363.	
06300	Blood Storing, Processing and Transportation	00500	Total Cost	363.	
06300	Blood Storing, Processing and Transportation	00600	Outpatient Cost	363.	
06300	Blood Storing, Processing and Transportation	00700	Total Charges	9,670,691.	
06300	Blood Storing, Processing and Transportation	00800	Inpatient Cost to Charge	0.000038	Ratio
06300	Blood Storing, Processing and Transportation	00900	Outpatient Cost to Charge	0.000038	Ratio
06300	Blood Storing, Processing and Transportation	01000	Inpatient Charges	2,348,194.	

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

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
06300	Blood Storing, Processing and Transportation	01100	Inpatient Pass Thru Cost	89.	
06300	Blood Storing, Processing and Transportation	01200	Outpatient Charges	422,192.	
06300	Blood Storing, Processing and Transportation	01300	Outpatient Pass Thru Cost	16.	
06500	Respiratory Therapy	00200	Nursing School	12,149.	
06500	Respiratory Therapy	00500	Total Cost	12,149.	
06500	Respiratory Therapy	00600	Outpatient Cost	12,149.	
06500	Respiratory Therapy	00700	Total Charges	39,051,064.	
06500	Respiratory Therapy	00800	Inpatient Cost to Charge	0.000311	Ratio
06500	Respiratory Therapy	00900	Outpatient Cost to Charge	0.000311	Ratio
06500	Respiratory Therapy	01000	Inpatient Charges	13,962,086.	
06500	Respiratory Therapy	01100	Inpatient Pass Thru Cost	4,342.	
06500	Respiratory Therapy	01200	Outpatient Charges	2,782,891.	
06500	Respiratory Therapy	01300	Outpatient Pass Thru Cost	865.	
06600	Physical Therapy	00200	Nursing School	3,626.	
06600	Physical Therapy	00500	Total Cost	3,626.	
06600	Physical Therapy	00600	Outpatient Cost	3,626.	
06600	Physical Therapy	00700	Total Charges	77,802,745.	
06600	Physical Therapy	00800	Inpatient Cost to Charge	0.000047	Ratio
06600	Physical Therapy	00900	Outpatient Cost to Charge	0.000047	Ratio
06600	Physical Therapy	01000	Inpatient Charges	12,854,647.	
06600	Physical Therapy	01100	Inpatient Pass Thru Cost	604.	
06600	Physical Therapy	01200	Outpatient Charges	883,869.	
06600	Physical Therapy	01300	Outpatient Pass Thru Cost	42.	
06900	Electrocardiology	00200	Nursing School	11,061.	
06900	Electrocardiology	00500	Total Cost	11,061.	
06900	Electrocardiology	00600	Outpatient Cost	11,061.	
06900	Electrocardiology	00700	Total Charges	47,342,670.	
06900	Electrocardiology	00800	Inpatient Cost to Charge	0.000234	Ratio
06900	Electrocardiology	00900	Outpatient Cost to Charge	0.000234	Ratio

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100002 BETHESDA HOSPITAL BOYNTON BEACH, FL 33435

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
06900	Electrocardiology	01000	Inpatient Charges	12,760,241.	
06900	Electrocardiology	01100	Inpatient Pass Thru Cost	2,986.	
06900	Electrocardiology	01200	Outpatient Charges	5,139,314.	
06900	Electrocardiology	01300	Outpatient Pass Thru Cost	1,203.	
07100	Medical Supplies Charged to Patients	00700	Total Charges	77,853,711.	
07100	Medical Supplies Charged to Patients	01000	Inpatient Charges	13,971,084.	
07100	Medical Supplies Charged to Patients	01200	Outpatient Charges	8,090,357.	
07200	Implantable Devices Charged to Patients	00700	Total Charges	132,727,815.	
07200	Implantable Devices Charged to Patients	01000	Inpatient Charges	40,551,826.	
07200	Implantable Devices Charged to Patients	01200	Outpatient Charges	24,272,403.	
07300	Drugs Charged to Patients	00700	Total Charges	258,164,693.	
07300	Drugs Charged to Patients	01000	Inpatient Charges	66,097,742.	
07300	Drugs Charged to Patients	01200	Outpatient Charges	16,706,926.	
07400	Renal Dialysis	00700	Total Charges	14,774,312.	
07400	Renal Dialysis	01000	Inpatient Charges	4,011,492.	
07400	Renal Dialysis	01200	Outpatient Charges	792,921.	
07600	Other Ancillary Cost	00200	Nursing School	544.	07601
07600	Other Ancillary Cost	00500	Total Cost	544.	07601
07600	Other Ancillary Cost	00600	Outpatient Cost	544.	07601
07600	Other Ancillary Cost	00700	Total Charges	9,024,613.	07601
07600	Other Ancillary Cost	00800	Inpatient Cost to Charge	0.000060	Ratio
07600	Other Ancillary Cost	00900	Outpatient Cost to Charge	0.000060	Ratio
07600	Other Ancillary Cost	01000	Inpatient Charges	32,044.	07601
07600	Other Ancillary Cost	01100	Inpatient Pass Thru Cost	2.	07601
07600	Other Ancillary Cost	01200	Outpatient Charges	6,905,983.	07601
07600	Other Ancillary Cost	01300	Outpatient Pass Thru Cost	414.	07601
07600	Other Ancillary Cost	00700	Total Charges	6,369,766.	07602
07600	Other Ancillary Cost	01000	Inpatient Charges	1,529,569.	07602
07600	Other Ancillary Cost	01200	Outpatient Charges	874,334.	07602
07600	Other Ancillary Cost	00200	Nursing School	11,061.	07603
07600	Other Ancillary Cost	00500	Total Cost	11,061.	07603

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100002 BETHESDA HOSPITAL BOYNTON BEACH, FL 33435

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
07600	Other Ancillary Cost	00600	Outpatient Cost	11,061.	07603
07600	Other Ancillary Cost	00700	Total Charges	4,417,328.	07603
07600	Other Ancillary Cost	00800	Inpatient Cost to Charge	0.002504	Ratio
07600	Other Ancillary Cost	00900	Outpatient Cost to Charge	0.002504	Ratio
07600	Other Ancillary Cost	01000	Inpatient Charges	742,636.	07603
07600	Other Ancillary Cost	01100	Inpatient Pass Thru Cost	1,860.	07603
07600	Other Ancillary Cost	01200	Outpatient Charges	1,326,839.	07603
07600	Other Ancillary Cost	01300	Outpatient Pass Thru Cost	3,322.	07603
07600	Other Ancillary Cost	00700	Total Charges	2,461,141.	07697
07600	Other Ancillary Cost	01000	Inpatient Charges	189.	07697
07600	Other Ancillary Cost	01200	Outpatient Charges	1,533,966.	07697
07600	Other Ancillary Cost	00700	Total Charges	3,558,234.	07698
07600	Other Ancillary Cost	01000	Inpatient Charges	10,071.	07698
07600	Other Ancillary Cost	01200	Outpatient Charges	1,800,471.	07698
09100	Emergency	00200	Nursing School	283,589.	
09100	Emergency	00500	Total Cost	283,589.	
09100	Emergency	00600	Outpatient Cost	283,589.	
09100	Emergency	00700	Total Charges	179,452,873.	
09100	Emergency	00800	Inpatient Cost to Charge	0.001580	Ratio
09100	Emergency	00900	Outpatient Cost to Charge	0.001580	Ratio
09100	Emergency	01000	Inpatient Charges	17,874,930.	
09100	Emergency	01100	Inpatient Pass Thru Cost	28,242.	
09100	Emergency	01200	Outpatient Charges	20,423,533.	
09100	Emergency	01300	Outpatient Pass Thru Cost	32,269.	
09200	Observation Beds	00200	Nursing School	216,056.	
09200	Observation Beds	00500	Total Cost	216,056.	
09200	Observation Beds	00600	Outpatient Cost	216,056.	
09200	Observation Beds	00700	Total Charges	27,252,672.	
09200	Observation Beds	00800	Inpatient Cost to Charge	0.007928	Ratio

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100002 BETHESDA HOSPITAL BOYNTON BEACH, FL 33435

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
09200	Observation Beds	00900	Outpatient Cost to Charge	0.007928	Ratio
09200	Observation Beds	01000	Inpatient Charges	78,193.	
09200	Observation Beds	01100	Inpatient Pass Thru Cost	620.	
09200	Observation Beds	01200	Outpatient Charges	10,455,782.	
09200	Observation Beds	01300	Outpatient Pass Thru Cost	82,893.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00200	Nursing School	752,048.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00300	Allied Health	274,442.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00500	Total Cost	1,026,490.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00600	Outpatient Cost	1,026,490.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00700	Total Charges	1,881,783,267.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01000	Inpatient Charges	371,589,670.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01100	Inpatient Pass Thru Cost	107,280.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01200	Outpatient Charges	242,106,780.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01300	Outpatient Pass Thru Cost	177,350.	
C18	IRF Medicare				
05000	Operating Room	00200	Nursing School	71,079.	
05000	Operating Room	00500	Total Cost	71,079.	
05000	Operating Room	00600	Outpatient Cost	71,079.	
05000	Operating Room	00700	Total Charges	277,559,163.	
05000	Operating Room	00800	Inpatient Cost to Charge	0.000256	Ratio
05000	Operating Room	00900	Outpatient Cost to Charge	0.000256	Ratio
05000	Operating Room	01000	Inpatient Charges	186,375.	
05000	Operating Room	01100	Inpatient Pass Thru Cost	48.	
05100	Recovery Room	00200	Nursing School	1,451.	
05100	Recovery Room	00500	Total Cost	1,451.	
05100	Recovery Room	00600	Outpatient Cost	1,451.	
05100	Recovery Room	00700	Total Charges	21,073,927.	
05100	Recovery Room	00800	Inpatient Cost to Charge	0.000069	Ratio
05100	Recovery Room	00900	Outpatient Cost to Charge	0.000069	Ratio

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100002 BETHESDA HOSPITAL BOYNTON BEACH, FL 33435

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
05100	Recovery Room	01000	Inpatient Charges	17,190.	
05100	Recovery Room	01100	Inpatient Pass Thru Cost	1.	
05200	Delivery Room and Labor Room	00200	Nursing School	101,178.	
05200	Delivery Room and Labor Room	00500	Total Cost	101,178.	
05200	Delivery Room and Labor Room	00600	Outpatient Cost	101,178.	
05200	Delivery Room and Labor Room	00700	Total Charges	18,213,583.	
05200	Delivery Room and Labor Room	00800	Inpatient Cost to Charge	0.005555	Ratio
05200	Delivery Room and Labor Room	00900	Outpatient Cost to Charge	0.005555	Ratio
05300	Anesthesiology	00700	Total Charges	48,158,642.	
05300	Anesthesiology	01000	Inpatient Charges	47,485.	
05400	Radiology - Diagnositc	00300	Allied Health	274,442.	
05400	Radiology - Diagnositc	00500	Total Cost	274,442.	
05400	Radiology - Diagnositc	00600	Outpatient Cost	274,442.	
05400	Radiology - Diagnositc	00700	Total Charges	69,321,545.	
05400	Radiology - Diagnositc	00800	Inpatient Cost to Charge	0.003959	Ratio
05400	Radiology - Diagnositc	00900	Outpatient Cost to Charge	0.003959	Ratio
05400	Radiology - Diagnositc	01000	Inpatient Charges	454,867.	
05400	Radiology - Diagnositc	01100	Inpatient Pass Thru Cost	1,801.	
05600	Radioisotope	00700	Total Charges	10,638,165.	
05600	Radioisotope	01000	Inpatient Charges	27,973.	
05700	Computer Tomography (CT) Scan	00200	Nursing School	4,714.	
05700	Computer Tomography (CT) Scan	00500	Total Cost	4,714.	
05700	Computer Tomography (CT) Scan	00600	Outpatient Cost	4,714.	
05700	Computer Tomography (CT) Scan	00700	Total Charges	208,095,416.	
05700	Computer Tomography (CT) Scan	00800	Inpatient Cost to Charge	0.000023	Ratio
05700	Computer Tomography (CT) Scan	00900	Outpatient Cost to Charge	0.000023	Ratio
05700	Computer Tomography (CT) Scan	01000	Inpatient Charges	580,667.	
05700	Computer Tomography (CT) Scan	01100	Inpatient Pass Thru Cost	13.	
05800	Magnetic Resonance Imaging (MRI)	00200	Nursing School	1,088.	
05800	Magnetic Resonance Imaging (MRI)	00500	Total Cost	1,088.	
05800	Magnetic Resonance Imaging (MRI)	00600	Outpatient Cost	1,088.	

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100002 BETHESDA HOSPITAL BOYNTON BEACH, FL 33435

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
05800	Magnetic Resonance Imaging (MRI)	00700	Total Charges	28,429,744.	
05800	Magnetic Resonance Imaging (MRI)	00800	Inpatient Cost to Charge	0.000038	Ratio
05800	Magnetic Resonance Imaging (MRI)	00900	Outpatient Cost to Charge	0.000038	Ratio
05800	Magnetic Resonance Imaging (MRI)	01000	Inpatient Charges	114,216.	
05800	Magnetic Resonance Imaging (MRI)	01100	Inpatient Pass Thru Cost	4.	
05900	Cardiac Catheterization	00200	Nursing School	34,089.	
05900	Cardiac Catheterization	00500	Total Cost	34,089.	
05900	Cardiac Catheterization	00600	Outpatient Cost	34,089.	
05900	Cardiac Catheterization	00700	Total Charges	84,558,802.	
05900	Cardiac Catheterization	00800	Inpatient Cost to Charge	0.000403	Ratio
05900	Cardiac Catheterization	00900	Outpatient Cost to Charge	0.000403	Ratio
06000	Laboratory	00700	Total Charges	225,809,952.	
06000	Laboratory	01000	Inpatient Charges	3,157,285.	
06300	Blood Storing, Processing and Transportation	00200	Nursing School	363.	
06300	Blood Storing, Processing and Transportation	00500	Total Cost	363.	
06300	Blood Storing, Processing and Transportation	00600	Outpatient Cost	363.	
06300	Blood Storing, Processing and Transportation	00700	Total Charges	9,670,691.	
06300	Blood Storing, Processing and Transportation	00800	Inpatient Cost to Charge	0.000038	Ratio
06300	Blood Storing, Processing and Transportation	00900	Outpatient Cost to Charge	0.000038	Ratio
06300	Blood Storing, Processing and Transportation	01000	Inpatient Charges	33,106.	
06300	Blood Storing, Processing and Transportation	01100	Inpatient Pass Thru Cost	1.	
06500	Respiratory Therapy	00200	Nursing School	12,149.	
06500	Respiratory Therapy	00500	Total Cost	12,149.	
06500	Respiratory Therapy	00600	Outpatient Cost	12,149.	
06500	Respiratory Therapy	00700	Total Charges	39,051,064.	
06500	Respiratory Therapy	00800	Inpatient Cost to Charge	0.000311	Ratio
06500	Respiratory Therapy	00900	Outpatient Cost to Charge	0.000311	Ratio
06500	Respiratory Therapy	01000	Inpatient Charges	877,776.	
06500	Respiratory Therapy	01100	Inpatient Pass Thru Cost	273.	
06600	Physical Therapy	00200	Nursing School	3,626.	

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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

D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
06600	Physical Therapy	00500	Total Cost	3,626.	
06600	Physical Therapy	00600	Outpatient Cost	3,626.	
06600	Physical Therapy	00700	Total Charges	77,802,745.	
06600	Physical Therapy	00800	Inpatient Cost to Charge	0.000047	Ratio
06600	Physical Therapy	00900	Outpatient Cost to Charge	0.000047	Ratio
06600	Physical Therapy	01000	Inpatient Charges	14,939,273.	
06600	Physical Therapy	01100	Inpatient Pass Thru Cost	702.	
06900	Electrocardiology	00200	Nursing School	11,061.	
06900	Electrocardiology	00500	Total Cost	11,061.	
06900	Electrocardiology	00600	Outpatient Cost	11,061.	
06900	Electrocardiology	00700	Total Charges	47,342,670.	
06900	Electrocardiology	00800	Inpatient Cost to Charge	0.000234	Ratio
06900	Electrocardiology	00900	Outpatient Cost to Charge	0.000234	Ratio
06900	Electrocardiology	01000	Inpatient Charges	487,279.	
06900	Electrocardiology	01100	Inpatient Pass Thru Cost	114.	
07100	Medical Supplies Charged to Patients	00700	Total Charges	77,853,711.	
07100	Medical Supplies Charged to Patients	01000	Inpatient Charges	711,943.	
07200	Implantable Devices Charged to Patients	00700	Total Charges	132,727,815.	
07200	Implantable Devices Charged to Patients	01000	Inpatient Charges	67,368.	
07300	Drugs Charged to Patients	00700	Total Charges	258,164,693.	
07300	Drugs Charged to Patients	01000	Inpatient Charges	5,233,104.	
07300	Drugs Charged to Patients	01200	Outpatient Charges	858.	
07400	Renal Dialysis	00700	Total Charges	14,774,312.	
07400	Renal Dialysis	01000	Inpatient Charges	648,055.	
07600	Other Ancillary Cost	00200	Nursing School	544.	07601
07600	Other Ancillary Cost	00500	Total Cost	544.	07601
07600	Other Ancillary Cost	00600	Outpatient Cost	544.	07601
07600	Other Ancillary Cost	00700	Total Charges	9,024,613.	07601
07600	Other Ancillary Cost	00800	Inpatient Cost to Charge	0.000060	Ratio
07600	Other Ancillary Cost	00900	Outpatient Cost to Charge	0.000060	Ratio
07600	Other Ancillary Cost	00700	Total Charges	6,369,766.	07602

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
07600	Other Ancillary Cost	01000	Inpatient Charges	119,994.	07602
07600	Other Ancillary Cost	00200	Nursing School	11,061.	07603
07600	Other Ancillary Cost	00500	Total Cost	11,061.	07603
07600	Other Ancillary Cost	00600	Outpatient Cost	11,061.	07603
07600	Other Ancillary Cost	00700	Total Charges	4,417,328.	07603
07600	Other Ancillary Cost	00800	Inpatient Cost to Charge	0.002504	Ratio
07600	Other Ancillary Cost	00900	Outpatient Cost to Charge	0.002504	Ratio
07600	Other Ancillary Cost	01000	Inpatient Charges	14,994.	07603
07600	Other Ancillary Cost	01100	Inpatient Pass Thru Cost	38.	07603
07600	Other Ancillary Cost	00700	Total Charges	2,461,141.	07697
07600	Other Ancillary Cost	00700	Total Charges	3,558,234.	07698
07600	Other Ancillary Cost	01000	Inpatient Charges	35,808.	07698
09100	Emergency	00200	Nursing School	283,589.	
09100	Emergency	00500	Total Cost	283,589.	
09100	Emergency	00600	Outpatient Cost	283,589.	
09100	Emergency	00700	Total Charges	179,452,873.	
09100	Emergency	00800	Inpatient Cost to Charge	0.001580	Ratio
09100	Emergency	00900	Outpatient Cost to Charge	0.001580	Ratio
09200	Observation Beds	00700	Total Charges	27,252,672.	
09200	Observation Beds	01000	Inpatient Charges	14,820.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00200	Nursing School	535,992.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00300	Allied Health	274,442.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00500	Total Cost	810,434.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00600	Outpatient Cost	810,434.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00700	Total Charges	1,881,783,267.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01000	Inpatient Charges	27,769,578.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01100	Inpatient Pass Thru Cost	2,995.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01200	Outpatient Charges	858.	
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
A18	Hospital Medicare				
05000	Operating Room	00100	CC Ratio Wkst C Part 1	0.091790	CC Ratio

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
05000	Operating Room	00200	PPS Reimbrused Services	40,987,185.	Charges
05000	Operating Room	00500	PPS Reimbrused Services	3,762,214.	Cost
05100	Recovery Room	00100	CC Ratio Wkst C Part 1	0.245704	CC Ratio
05100	Recovery Room	00200	PPS Reimbrused Services	4,010,694.	Charges
05100	Recovery Room	00500	PPS Reimbrused Services	985,444.	Cost
05200	Delivery Room and Labor Room	00100	CC Ratio Wkst C Part 1	0.262278	CC Ratio
05200	Delivery Room and Labor Room	00200	PPS Reimbrused Services	171,774.	Charges
05200	Delivery Room and Labor Room	00500	PPS Reimbrused Services	45,053.	Cost
05300	Anesthesiology	00100	CC Ratio Wkst C Part 1	0.015665	CC Ratio
05300	Anesthesiology	00200	PPS Reimbrused Services	6,950,986.	Charges
05300	Anesthesiology	00500	PPS Reimbrused Services	108,887.	Cost
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.150683	CC Ratio
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	9,399,267.	Charges
05400	Radiology - Diagnositc	00500	PPS Reimbrused Services	1,416,310.	Cost
05600	Radioisotope	00100	CC Ratio Wkst C Part 1	0.143564	CC Ratio
05600	Radioisotope	00200	PPS Reimbrused Services	1,922,056.	Charges
05600	Radioisotope	00500	PPS Reimbrused Services	275,938.	Cost
05700	Computer Tomography (CT) Scan	00100	CC Ratio Wkst C Part 1	0.014830	CC Ratio
05700	Computer Tomography (CT) Scan	00200	PPS Reimbrused Services	36,330,958.	Charges
05700	Computer Tomography (CT) Scan	00500	PPS Reimbrused Services	538,788.	Cost
05800	Magnetic Resonance Imaging (MRI)	00100	CC Ratio Wkst C Part 1	0.060356	CC Ratio
05800	Magnetic Resonance Imaging (MRI)	00200	PPS Reimbrused Services	5,893,918.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
05800	Magnetic Resonance Imaging (MRI)	00500	PPS Reimbrused Services	355,733.	Cost
05900	Cardiac Catheterization	00100	CC Ratio Wkst C Part 1	0.049101	CC Ratio
05900	Cardiac Catheterization	00200	PPS Reimbrused Services	15,707,579.	Charges
05900	Cardiac Catheterization	00500	PPS Reimbrused Services	771,258.	Cost
06000	Laboratory	00100	CC Ratio Wkst C Part 1	0.048209	CC Ratio
06000	Laboratory	00200	PPS Reimbrused Services	18,320,582.	Charges
06000	Laboratory	00500	PPS Reimbrused Services	883,217.	Cost
06300	Blood Storing, Processing and Transportation	00100	CC Ratio Wkst C Part 1	0.318143	CC Ratio
06300	Blood Storing, Processing and Transportation	00200	PPS Reimbrused Services	422,192.	Charges
06300	Blood Storing, Processing and Transportation	00500	PPS Reimbrused Services	134,317.	Cost
06500	Respiratory Therapy	00100	CC Ratio Wkst C Part 1	0.152792	CC Ratio
06500	Respiratory Therapy	00200	PPS Reimbrused Services	2,782,891.	Charges
06500	Respiratory Therapy	00500	PPS Reimbrused Services	425,203.	Cost
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.165835	CC Ratio
06600	Physical Therapy	00200	PPS Reimbrused Services	883,869.	Charges
06600	Physical Therapy	00500	PPS Reimbrused Services	146,576.	Cost
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.057443	CC Ratio
06900	Electrocardiology	00200	PPS Reimbrused Services	5,139,314.	Charges
06900	Electrocardiology	00500	PPS Reimbrused Services	295,218.	Cost
07100	Medical Supplies Charged to Patients	00100	CC Ratio Wkst C Part 1	0.550804	CC Ratio
07100	Medical Supplies Charged to Patients	00200	PPS Reimbrused Services	8,090,357.	Charges
07100	Medical Supplies Charged to Patients	00300	Cost Reimb Svcs - Co-Ins	5,794.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
07100	Medical Supplies Charged to Patients	00500	PPS Reimbrused Services	4,456,201.	Cost
07100	Medical Supplies Charged to Patients	00600	Cost Reimb Svcs - Co-Ins	3,191.	Cost
07200	Implantable Devices Charged to Patients	00100	CC Ratio Wkst C Part 1	0.186777	CC Ratio
07200	Implantable Devices Charged to Patients	00200	PPS Reimbrused Services	24,272,403.	Charges
07200	Implantable Devices Charged to Patients	00300	Cost Reimb Svcs - Co-Ins	5,594.	Charges
07200	Implantable Devices Charged to Patients	00500	PPS Reimbrused Services	4,533,527.	Cost
07200	Implantable Devices Charged to Patients	00600	Cost Reimb Svcs - Co-Ins	1,045.	Cost
07300	Drugs Charged to Patients	00100	CC Ratio Wkst C Part 1	0.114949	CC Ratio
07300	Drugs Charged to Patients	00200	PPS Reimbrused Services	16,706,926.	Charges
07300	Drugs Charged to Patients	00400	Cost Reimb Svcs - No Co-I	17,340.	Charges
07300	Drugs Charged to Patients	00500	PPS Reimbrused Services	1,920,444.	Cost
07300	Drugs Charged to Patients	00700	Cost Reimb Svcs - No Co-I	1,993.	Cost
07400	Renal Dialysis	00100	CC Ratio Wkst C Part 1	0.076467	CC Ratio
07400	Renal Dialysis	00200	PPS Reimbrused Services	792,921.	Charges
07400	Renal Dialysis	00500	PPS Reimbrused Services	60,632.	Cost
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.272890	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	6,905,983.	Charges
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	1,884,574.	Cost
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.055964	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	874,334.	Charges
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	48,931.	Cost

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.267993	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	1,326,839.	Charges
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	355,584.	Cost
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.285587	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	1,533,966.	Charges
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	438,081.	Cost
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.035053	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	1,800,471.	Charges
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	63,112.	Cost
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.084275	CC Ratio
09100	Emergency	00200	PPS Reimbrused Services	20,423,533.	Charges
09100	Emergency	00500	PPS Reimbrused Services	1,721,193.	Cost
09200	Observation Beds	00100	CC Ratio Wkst C Part 1	0.314886	CC Ratio
09200	Observation Beds	00200	PPS Reimbrused Services	10,455,782.	Charges
09200	Observation Beds	00500	PPS Reimbrused Services	3,292,379.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00200	PPS Reimbrused Services	242,106,780.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00300	Cost Reimb Svcs - Co-Ins	11,388.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00400	Cost Reimb Svcs - No Co-I	17,340.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00500	PPS Reimbrused Services	28,918,814.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00600	Cost Reimb Svcs - Co-Ins	4,236.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00700	Cost Reimb Svcs - No Co-I	1,993.	Cost

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

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00200	PPS Reimbrused Services	242,106,780.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00300	Cost Reimb Svcs - Co-Ins	11,388.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00400	Cost Reimb Svcs - No Co-I	17,340.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00500	PPS Reimbrused Services	28,918,814.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00600	Cost Reimb Svcs - Co-Ins	4,236.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00700	Cost Reimb Svcs - No Co-I	1,993.	Cost
A19	Hospital Medicaid				
05000	Operating Room	00300	Cost Reimb Svcs - Co-Ins	3,651,955.	Charges
05100	Recovery Room	00300	Cost Reimb Svcs - Co-Ins	370,945.	Charges
05200	Delivery Room and Labor Room	00300	Cost Reimb Svcs - Co-Ins	32,818.	Charges
05300	Anesthesiology	00300	Cost Reimb Svcs - Co-Ins	679,511.	Charges
05400	Radiology - Diagnostc	00300	Cost Reimb Svcs - Co-Ins	1,243,081.	Charges
05600	Radioisotope	00300	Cost Reimb Svcs - Co-Ins	164,061.	Charges
05700	Computer Tomography (CT) Scan	00300	Cost Reimb Svcs - Co-Ins	4,095,979.	Charges
05800	Magnetic Resonance Imaging (MRI)	00300	Cost Reimb Svcs - Co-Ins	437,123.	Charges
05900	Cardiac Catheterization	00300	Cost Reimb Svcs - Co-Ins	1,138,358.	Charges
06000	Laboratory	00300	Cost Reimb Svcs - Co-Ins	2,821,791.	Charges
06300	Blood Storing, Processing and Transportation	00300	Cost Reimb Svcs - Co-Ins	88,113.	Charges
06500	Respiratory Therapy	00300	Cost Reimb Svcs - Co-Ins	205,252.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
06600	Physical Therapy	00300	Cost Reimb Svcs - Co-Ins	1,026,100.	Charges
06900	Electrocardiology	00300	Cost Reimb Svcs - Co-Ins	543,873.	Charges
07100	Medical Supplies Charged to Patients	00300	Cost Reimb Svcs - Co-Ins	807,892.	Charges
07200	Implantable Devices Charged to Patients	00300	Cost Reimb Svcs - Co-Ins	1,575,338.	Charges
07300	Drugs Charged to Patients	00300	Cost Reimb Svcs - Co-Ins	1,662,940.	Charges
07400	Renal Dialysis	00300	Cost Reimb Svcs - Co-Ins	210,320.	Charges
07600	Other Ancillary Cost	00300	Cost Reimb Svcs - Co-Ins	265,793.	Charges
07600	Other Ancillary Cost	00300	Cost Reimb Svcs - Co-Ins	78,399.	Charges
07600	Other Ancillary Cost	00300	Cost Reimb Svcs - Co-Ins	89,559.	Charges
07600	Other Ancillary Cost	00300	Cost Reimb Svcs - Co-Ins	77,994.	Charges
07600	Other Ancillary Cost	00300	Cost Reimb Svcs - Co-Ins	106,084.	Charges
09100	Emergency	00300	Cost Reimb Svcs - Co-Ins	4,030,693.	Charges
09200	Observation Beds	00300	Cost Reimb Svcs - Co-Ins	858,105.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00300	Cost Reimb Svcs - Co-Ins	26,262,077.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00600	Cost Reimb Svcs - Co-Ins	2,879,597.	Cost
C18	IRF Medicare				
05000	Operating Room	00100	CC Ratio Wkst C Part 1	0.091790	CC Ratio
05100	Recovery Room	00100	CC Ratio Wkst C Part 1	0.245704	CC Ratio
05200	Delivery Room and Labor Room	00100	CC Ratio Wkst C Part 1	0.262278	CC Ratio
05300	Anesthesiology	00100	CC Ratio Wkst C Part 1	0.015665	CC Ratio
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.150683	CC Ratio
05600	Radioisotope	00100	CC Ratio Wkst C Part 1	0.143564	CC Ratio

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

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
05700	Computer Tomography (CT) Scan	00100	CC Ratio Wkst C Part 1	0.014830	CC Ratio
05800	Magnetic Resonance Imaging (MRI)	00100	CC Ratio Wkst C Part 1	0.060356	CC Ratio
05900	Cardiac Catheterization	00100	CC Ratio Wkst C Part 1	0.049101	CC Ratio
06000	Laboratory	00100	CC Ratio Wkst C Part 1	0.048209	CC Ratio
06300	Blood Storing, Processing and Transportation	00100	CC Ratio Wkst C Part 1	0.318143	CC Ratio
06500	Respiratory Therapy	00100	CC Ratio Wkst C Part 1	0.152792	CC Ratio
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.165835	CC Ratio
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.057443	CC Ratio
07100	Medical Supplies Charged to Patients	00100	CC Ratio Wkst C Part 1	0.550804	CC Ratio
07200	Implantable Devices Charged to Patients	00100	CC Ratio Wkst C Part 1	0.186777	CC Ratio
07300	Drugs Charged to Patients	00100	CC Ratio Wkst C Part 1	0.114949	CC Ratio
07300	Drugs Charged to Patients	00200	PPS Reimbrused Services	858.	Charges
07300	Drugs Charged to Patients	00400	Cost Reimb Svcs - No Co-I	446.	Charges
07300	Drugs Charged to Patients	00500	PPS Reimbrused Services	99.	Cost
07300	Drugs Charged to Patients	00700	Cost Reimb Svcs - No Co-I	51.	Cost
07400	Renal Dialysis	00100	CC Ratio Wkst C Part 1	0.076467	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.272890	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.055964	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.267993	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.285587	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.035053	CC Ratio
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.084275	CC Ratio
09200	Observation Beds	00100	CC Ratio Wkst C Part 1	0.314886	CC Ratio
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00200	PPS Reimbrused Services	858.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00400	Cost Reimb Svcs - No Co-I	446.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00500	PPS Reimbrused Services	99.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00700	Cost Reimb Svcs - No Co-I	51.	Cost

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

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00200	PPS Reimbrused Services	858.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00400	Cost Reimb Svcs - No Co-I	446.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00500	PPS Reimbrused Services	99.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00700	Cost Reimb Svcs - No Co-I	51.	Cost
D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
A18	Hospital Medicare				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	77,757.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	77,757.	Days
00300	Private Room Days (Excluding Swing-Bed Private Room Days)	00100	Inpatient Amount	61,586.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	3,842.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	18,005.	Days
02100	Total General Inpatient Routine Service Cost	00100	Inpatient Amount	54,122,200.	
02700	General Inpatient Routine Service Cost Net of Swing-Bed Cost (Line 21 Minus Line 26).	00100	Inpatient Amount	54,122,200.	
02800	General Inpatient Routine Service Charges (Excluding Swing-Bed Charges)	00100	Inpatient Amount	190,888,135.	
02900	Private Room Charges (Excluding Swing-Bed Charges)	00100	Inpatient Amount	181,202,505.	
03000	Semi-Private Room Charges (Excluding Swing-Bed Charges)	00100	Inpatient Amount	9,685,630.	
03100	General Inpatient Routine Service Cost/Charge Ratio (Line 27 Divided by Line 28)	00100	Inpatient Amount	0.283528	CC Ratio
03200	Average Private Room per Diem Charge (Line 29 Divided by Line 03)	00100	Inpatient Amount	2,942.27	Per Diem
03300	Average Semi-Private Room Per Diem Charge (Line 20 Divided by Line 04)	00100	Inpatient Amount	2,520.99	Per Diem

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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

D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
03400	Average Per Diem Private Room Charge Differential (Line 32 Minus Line 33)	00100	Inpatient Amount	421.28	Per Diem
03500	Average Per Diem Private Room Cost Differential (Line 34 Times 31)	00100	Inpatient Amount	119.44	Per Diem
03600	Private Room Cost Differential Adjustment (Line 03 Times 37)	00100	Inpatient Amount	7,355,832.	
03700	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	46,766,368.	
03800	Adjusted General Inpatient Routine Service Cost Per Diem	00100	Inpatient Amount	696.04	Per Diem
03900	Program General Inpatient Routine Service Cost (Line 9 Times Line 38)	00100	Inpatient Amount	12,532,200.	
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	12,532,200.	
04300	Intensive Care Unit	00100	Inpatient Amount	12,037,593.	
04300	Intensive Care Unit	00200	Inpatient Days	8,175.	Days
04300	Intensive Care Unit	00300	Average Per Diem	1,472.49	Per Diem
04300	Intensive Care Unit	00400	Program Days	7,545.	Days
04300	Intensive Care Unit	00500	Program Cost	11,109,937.	
04430	Coronary Care Unit	00100	Inpatient Amount	11,185,606.	04400
04430	Coronary Care Unit	00200	Inpatient Days	7,653.	Days
04430	Coronary Care Unit	00300	Average Per Diem	1,461.60	Per Diem
04430	Coronary Care Unit	00400	Program Days	3,901.	Days
04430	Coronary Care Unit	00500	Program Cost	5,701,702.	04400
04430	Coronary Care Unit	00100	Inpatient Amount	647,283.	04401
04430	Coronary Care Unit	00200	Inpatient Days	261.	Days
04430	Coronary Care Unit	00300	Average Per Diem	2,480.01	Per Diem
04430	Coronary Care Unit	00100	Inpatient Amount	6,080,916.	04402
04430	Coronary Care Unit	00200	Inpatient Days	5,997.	Days
04430	Coronary Care Unit	00300	Average Per Diem	1,013.99	Per Diem
04800	Program Inpatient Ancillary Service Cost (Worksteet D-4 Column 03 Line 101)	00100	Inpatient Amount	43,095,674.	
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	72,439,513.	

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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

D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
05000	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 1 and 3).	00100	Inpatient Amount	3,221,232.	
05100	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 2 and 4).	00100	Inpatient Amount	2,418,228.	
05200	Total Program Excluded Cost (Sum of Lines 50 and 51)	00100	Inpatient Amount	5,639,460.	
05300	Total program inpatient operating cost excluding captial related, nonphysician anesthetist and medical education cost (line 4	00100	Inpatient Amount	66,800,053.	
08700	Total Observation Bed Days	00100	Inpatient Amount	12,329.	Days
08800	Adjusted General Inpatient Routine Cost Per Diem (Line 27 Divided by Line 02)	00100	Inpatient Amount	696.04	Per Diem
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	8,581,477.	
09000	Capital Related Cost	00100	Inpatient Amount	6,234,706.	
09000	Capital Related Cost	00200	Inpatient Days	54,122,200.	Days
09000	Capital Related Cost	00300	Average Per Diem	0.12	Per Diem
09000	Capital Related Cost	00400	Program Days	8,581,477.	Days
09000	Capital Related Cost	00500	Program Cost	988,560.	
09100	Nursing School Cost	00100	Inpatient Amount	1,362,641.	
09100	Nursing School Cost	00200	Inpatient Days	54,122,200.	Days
09100	Nursing School Cost	00300	Average Per Diem	0.03	Per Diem
09100	Nursing School Cost	00400	Program Days	8,581,477.	Days
09100	Nursing School Cost	00500	Program Cost	216,056.	
09200	Allied Health Cost	00200	Inpatient Days	54,122,200.	Days
09200	Allied Health Cost	00400	Program Days	8,581,477.	Days
09300	All Other Medical Education	00200	Inpatient Days	54,122,200.	Days
09300	All Other Medical Education	00400	Program Days	8,581,477.	Days
A19	Hospital Medicaid				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	77,757.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	77,757.	Days

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

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
00300	Private Room Days (Excluding Swing-Bed Private Room Days)	00100	Inpatient Amount	61,586.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	3,842.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	3,562.	Days
02800	General Inpatient Routine Service Charges (Excluding Swing-Bed Charges)	00100	Inpatient Amount	190,888,135.	
02900	Private Room Charges (Excluding Swing-Bed Charges)	00100	Inpatient Amount	181,202,505.	
03000	Semi-Private Room Charges (Excluding Swing-Bed Charges)	00100	Inpatient Amount	9,685,630.	
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	13,224,647.	
08700	Total Observation Bed Days	00100	Inpatient Amount	12,329.	Days
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	8,581,477.	
C18	IRF Medicare				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	10,842.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	10,842.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	10,842.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	8,383.	Days
02100	Total General Inpatient Routine Service Cost	00100	Inpatient Amount	8,430,134.	
02700	General Inpatient Routine Service Cost Net of Swing-Bed Cost (Line 21 Minus Line 26).	00100	Inpatient Amount	8,430,134.	
03700	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	8,430,134.	
03800	Adjusted General Inpatient Routine Service Cost Per Diem	00100	Inpatient Amount	777.54	Per Diem
03900	Program General Inpatient Routine Service Cost (Line 9 Times Line 38)	00100	Inpatient Amount	6,518,118.	

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

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	6,518,118.	
04800	Program Inpatient Ancillary Service Cost (Worksteet D-4 Column 03 Line 101)	00100	Inpatient Amount	3,984,915.	
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	10,503,033.	
05000	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 1 and 3).	00100	Inpatient Amount	989,026.	
05100	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 2 and 4).	00100	Inpatient Amount	145,783.	
05200	Total Program Excluded Cost (Sum of Lines 50 and 51)	00100	Inpatient Amount	1,134,809.	
05300	Total program inpatient operating cost excluding captial related, nonphysician anesthetist and medical education cost (line 4	00100	Inpatient Amount	9,368,224.	
09000	Capital Related Cost	00100	Inpatient Amount	1,207,664.	
09000	Capital Related Cost	00200	Inpatient Days	8,430,134.	Days
09000	Capital Related Cost	00300	Average Per Diem	0.14	Per Diem
09100	Nursing School Cost	00100	Inpatient Amount	71,441.	
09100	Nursing School Cost	00200	Inpatient Days	8,430,134.	Days
09100	Nursing School Cost	00300	Average Per Diem	0.01	Per Diem
09200	Allied Health Cost	00200	Inpatient Days	8,430,134.	Days
09300	All Other Medical Education	00200	Inpatient Days	8,430,134.	Days
C19	IRF Medicaid				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	10,842.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	10,842.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	10,842.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	112.	Days
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	138,967.	

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100002	BETHESDA HOSPITAL BOYNTON BEACH, FL 33435				

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	35,857,313.	
03100	Intensive Care Unit	00200	Inpatient Charges	41,238,964.	
03200	Coronary Care Unit	00200	Inpatient Charges	23,192,646.	
05000	Operating Room	00100	Cost to Charge Ratio	0.091790	CC Ratio
05000	Operating Room	00200	Inpatient Charges	58,108,908.	
05000	Operating Room	00300	Inpatient Cost	5,333,817.	
05100	Recovery Room	00100	Cost to Charge Ratio	0.245704	CC Ratio
05100	Recovery Room	00200	Inpatient Charges	3,608,817.	
05100	Recovery Room	00300	Inpatient Cost	886,701.	
05200	Delivery Room and Labor Room	00100	Cost to Charge Ratio	0.262278	CC Ratio
05200	Delivery Room and Labor Room	00200	Inpatient Charges	43,764.	
05200	Delivery Room and Labor Room	00300	Inpatient Cost	11,478.	
05300	Anesthesiology	00100	Cost to Charge Ratio	0.015665	CC Ratio
05300	Anesthesiology	00200	Inpatient Charges	8,816,028.	
05300	Anesthesiology	00300	Inpatient Cost	138,103.	
05400	Radiology - Diagnostc	00100	Cost to Charge Ratio	0.150683	CC Ratio
05400	Radiology - Diagnostc	00200	Inpatient Charges	11,289,692.	
05400	Radiology - Diagnostc	00300	Inpatient Cost	1,701,165.	
05600	Radioisotope	00100	Cost to Charge Ratio	0.143564	CC Ratio
05600	Radioisotope	00200	Inpatient Charges	2,064,094.	
05600	Radioisotope	00300	Inpatient Cost	296,330.	
05700	Computer Tomography (CT) Scan	00100	Cost to Charge Ratio	0.014830	CC Ratio
05700	Computer Tomography (CT) Scan	00200	Inpatient Charges	28,668,864.	
05700	Computer Tomography (CT) Scan	00300	Inpatient Cost	425,159.	
05800	Magnetic Resonance Imaging (MRI)	00100	Cost to Charge Ratio	0.060356	CC Ratio
05800	Magnetic Resonance Imaging (MRI)	00200	Inpatient Charges	5,194,121.	
05800	Magnetic Resonance Imaging (MRI)	00300	Inpatient Cost	313,496.	
05900	Cardiac Catheterization	00100	Cost to Charge Ratio	0.049101	CC Ratio
05900	Cardiac Catheterization	00200	Inpatient Charges	18,896,124.	
05900	Cardiac Catheterization	00300	Inpatient Cost	927,819.	
06000	Laboratory	00100	Cost to Charge Ratio	0.048209	CC Ratio
06000	Laboratory	00200	Inpatient Charges	48,074,314.	
06000	Laboratory	00300	Inpatient Cost	2,317,615.	

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100002 BETHESDA HOSPITAL BOYNTON BEACH, FL 33435

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
06300	Blood Storing, Processing and Transportation	00100	Cost to Charge Ratio	0.318143	CC Ratio
06300	Blood Storing, Processing and Transportation	00200	Inpatient Charges	2,348,194.	
06300	Blood Storing, Processing and Transportation	00300	Inpatient Cost	747,061.	
06500	Respiratory Therapy	00100	Cost to Charge Ratio	0.152792	CC Ratio
06500	Respiratory Therapy	00200	Inpatient Charges	13,962,086.	
06500	Respiratory Therapy	00300	Inpatient Cost	2,133,295.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.165835	CC Ratio
06600	Physical Therapy	00200	Inpatient Charges	12,854,647.	
06600	Physical Therapy	00300	Inpatient Cost	2,131,750.	
06900	Electrocardiology	00100	Cost to Charge Ratio	0.057443	CC Ratio
06900	Electrocardiology	00200	Inpatient Charges	12,760,241.	
06900	Electrocardiology	00300	Inpatient Cost	732,987.	
07100	Medical Supplies Charged to Patients	00100	Cost to Charge Ratio	0.550804	CC Ratio
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	13,971,084.	
07100	Medical Supplies Charged to Patients	00300	Inpatient Cost	7,695,329.	
07200	Implantable Devices Charged to Patients	00100	Cost to Charge Ratio	0.186777	CC Ratio
07200	Implantable Devices Charged to Patients	00200	Inpatient Charges	40,551,826.	
07200	Implantable Devices Charged to Patients	00300	Inpatient Cost	7,574,148.	
07300	Drugs Charged to Patients	00100	Cost to Charge Ratio	0.114949	CC Ratio
07300	Drugs Charged to Patients	00200	Inpatient Charges	66,097,742.	
07300	Drugs Charged to Patients	00300	Inpatient Cost	7,597,869.	
07400	Renal Dialysis	00100	Cost to Charge Ratio	0.076467	CC Ratio
07400	Renal Dialysis	00200	Inpatient Charges	4,011,492.	
07400	Renal Dialysis	00300	Inpatient Cost	306,747.	
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.272890	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	32,044.	07601
07600	Other Ancillary Cost	00300	Inpatient Cost	8,744.	07601
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.055964	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	1,529,569.	07602
07600	Other Ancillary Cost	00300	Inpatient Cost	85,601.	07602
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.267993	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	742,636.	07603
07600	Other Ancillary Cost	00300	Inpatient Cost	199,021.	07603
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.285587	CC Ratio

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100002 BETHESDA HOSPITAL BOYNTON BEACH, FL 33435

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
07600	Other Ancillary Cost	00200	Inpatient Charges	189.	07697
07600	Other Ancillary Cost	00300	Inpatient Cost	54.	07697
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.035053	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	10,071.	07698
07600	Other Ancillary Cost	00300	Inpatient Cost	353.	07698
09100	Emergency	00100	Cost to Charge Ratio	0.084275	CC Ratio
09100	Emergency	00200	Inpatient Charges	17,874,930.	
09100	Emergency	00300	Inpatient Cost	1,506,410.	
09200	Observation Beds	00100	Cost to Charge Ratio	0.314886	CC Ratio
09200	Observation Beds	00200	Inpatient Charges	78,193.	
09200	Observation Beds	00300	Inpatient Cost	24,622.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	371,589,670.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	43,095,674.	
20200	Worksheet D3 Net Charges (Lines 200 minus 201)	00200	Inpatient Charges	371,589,670.	
A19	Hospital Medicaid				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	10,940,196.	
03100	Intensive Care Unit	00200	Inpatient Charges	2,465,382.	
03200	Coronary Care Unit	00200	Inpatient Charges	2,015,184.	
03200	Coronary Care Unit	00200	Inpatient Charges	80,457.	03201
03200	Coronary Care Unit	00200	Inpatient Charges	1,310,961.	03202
04100	Subprovider - IRF	00200	Inpatient Charges	1,248,208.	
04300	Nursery	00200	Inpatient Charges	264,312.	
05000	Operating Room	00200	Inpatient Charges	8,720,493.	
05100	Recovery Room	00200	Inpatient Charges	528,610.	
05200	Delivery Room and Labor Room	00200	Inpatient Charges	968,976.	
05300	Anesthesiology	00200	Inpatient Charges	1,507,278.	
05400	Radiology - Diagnostc	00200	Inpatient Charges	1,698,124.	
05600	Radioisotope	00200	Inpatient Charges	308,116.	
05700	Computer Tomography (CT) Scan	00200	Inpatient Charges	4,449,127.	
05800	Magnetic Resonance Imaging (MRI)	00200	Inpatient Charges	825,765.	
05900	Cardiac Catheterization	00200	Inpatient Charges	2,743,973.	
06000	Laboratory	00200	Inpatient Charges	7,715,819.	
06300	Blood Storing, Processing and Transportation	00200	Inpatient Charges	388,695.	

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
06500	Respiratory Therapy	00200	Inpatient Charges	1,837,507.	
06600	Physical Therapy	00200	Inpatient Charges	2,562,650.	
06900	Electrocardiology	00200	Inpatient Charges	1,702,624.	
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	2,953,834.	
07200	Implantable Devices Charged to Patients	00200	Inpatient Charges	4,683,429.	
07300	Drugs Charged to Patients	00200	Inpatient Charges	11,603,080.	
07400	Renal Dialysis	00200	Inpatient Charges	459,105.	
07600	Other Ancillary Cost	00200	Inpatient Charges	36,065.	07601
07600	Other Ancillary Cost	00200	Inpatient Charges	219,786.	07602
07600	Other Ancillary Cost	00200	Inpatient Charges	89,795.	07603
07600	Other Ancillary Cost	00200	Inpatient Charges	32.	07697
07600	Other Ancillary Cost	00200	Inpatient Charges	11,930.	07698
09100	Emergency	00200	Inpatient Charges	2,949,660.	
09200	Observation Beds	00200	Inpatient Charges	10,216.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	58,974,689.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	7,226,966.	
C18	IRF Medicare				
04100	Subprovider - IRF	00200	Inpatient Charges	17,109,703.	
05000	Operating Room	00100	Cost to Charge Ratio	0.091790	CC Ratio
05000	Operating Room	00200	Inpatient Charges	186,375.	
05000	Operating Room	00300	Inpatient Cost	17,107.	
05100	Recovery Room	00100	Cost to Charge Ratio	0.245704	CC Ratio
05100	Recovery Room	00200	Inpatient Charges	17,190.	
05100	Recovery Room	00300	Inpatient Cost	4,224.	
05200	Delivery Room and Labor Room	00100	Cost to Charge Ratio	0.262278	CC Ratio
05300	Anesthesiology	00100	Cost to Charge Ratio	0.015665	CC Ratio
05300	Anesthesiology	00200	Inpatient Charges	47,485.	
05300	Anesthesiology	00300	Inpatient Cost	744.	
05400	Radiology - Diagnostc	00100	Cost to Charge Ratio	0.150683	CC Ratio
05400	Radiology - Diagnostc	00200	Inpatient Charges	454,867.	
05400	Radiology - Diagnostc	00300	Inpatient Cost	68,541.	
05600	Radioisotope	00100	Cost to Charge Ratio	0.143564	CC Ratio
05600	Radioisotope	00200	Inpatient Charges	27,973.	
05600	Radioisotope	00300	Inpatient Cost	4,016.	

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
05700	Computer Tomography (CT) Scan	00100	Cost to Charge Ratio	0.014830	CC Ratio
05700	Computer Tomography (CT) Scan	00200	Inpatient Charges	580,667.	
05700	Computer Tomography (CT) Scan	00300	Inpatient Cost	8,611.	
05800	Magnetic Resonance Imaging (MRI)	00100	Cost to Charge Ratio	0.060356	CC Ratio
05800	Magnetic Resonance Imaging (MRI)	00200	Inpatient Charges	114,216.	
05800	Magnetic Resonance Imaging (MRI)	00300	Inpatient Cost	6,894.	
05900	Cardiac Catheterization	00100	Cost to Charge Ratio	0.049101	CC Ratio
06000	Laboratory	00100	Cost to Charge Ratio	0.048209	CC Ratio
06000	Laboratory	00200	Inpatient Charges	3,157,285.	
06000	Laboratory	00300	Inpatient Cost	152,210.	
06300	Blood Storing, Processing and Transportation	00100	Cost to Charge Ratio	0.318143	CC Ratio
06300	Blood Storing, Processing and Transportation	00200	Inpatient Charges	33,106.	
06300	Blood Storing, Processing and Transportation	00300	Inpatient Cost	10,532.	
06500	Respiratory Therapy	00100	Cost to Charge Ratio	0.152792	CC Ratio
06500	Respiratory Therapy	00200	Inpatient Charges	877,776.	
06500	Respiratory Therapy	00300	Inpatient Cost	134,117.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.165835	CC Ratio
06600	Physical Therapy	00200	Inpatient Charges	14,939,273.	
06600	Physical Therapy	00300	Inpatient Cost	2,477,454.	
06900	Electrocardiology	00100	Cost to Charge Ratio	0.057443	CC Ratio
06900	Electrocardiology	00200	Inpatient Charges	487,279.	
06900	Electrocardiology	00300	Inpatient Cost	27,991.	
07100	Medical Supplies Charged to Patients	00100	Cost to Charge Ratio	0.550804	CC Ratio
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	711,943.	
07100	Medical Supplies Charged to Patients	00300	Inpatient Cost	392,141.	
07200	Implantable Devices Charged to Patients	00100	Cost to Charge Ratio	0.186777	CC Ratio
07200	Implantable Devices Charged to Patients	00200	Inpatient Charges	67,368.	
07200	Implantable Devices Charged to Patients	00300	Inpatient Cost	12,583.	
07300	Drugs Charged to Patients	00100	Cost to Charge Ratio	0.114949	CC Ratio
07300	Drugs Charged to Patients	00200	Inpatient Charges	5,233,104.	
07300	Drugs Charged to Patients	00300	Inpatient Cost	601,540.	
07400	Renal Dialysis	00100	Cost to Charge Ratio	0.076467	CC Ratio
07400	Renal Dialysis	00200	Inpatient Charges	648,055.	
07400	Renal Dialysis	00300	Inpatient Cost	49,555.	

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.272890	CC Ratio
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.055964	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	119,994.	07602
07600	Other Ancillary Cost	00300	Inpatient Cost	6,715.	07602
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.267993	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	14,994.	07603
07600	Other Ancillary Cost	00300	Inpatient Cost	4,018.	07603
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.285587	CC Ratio
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.035053	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	35,808.	07698
07600	Other Ancillary Cost	00300	Inpatient Cost	1,255.	07698
09100	Emergency	00100	Cost to Charge Ratio	0.084275	CC Ratio
09200	Observation Beds	00100	Cost to Charge Ratio	0.314886	CC Ratio
09200	Observation Beds	00200	Inpatient Charges	14,820.	
09200	Observation Beds	00300	Inpatient Cost	4,667.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	27,769,578.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	3,984,915.	
20200	Worksheet D3 Net Charges (Lines 200 minus 201)	00200	Inpatient Charges	27,769,578.	
C19	IRF Medicaid				
04100	Subprovider - IRF	00200	Inpatient Charges	85,320.	
06600	Physical Therapy	00200	Inpatient Charges	312,862.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	312,862.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	51,883.	

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

D00	Wkst D Apportionment of Costs				
1	Part 1 - Apportionment of Inpatient Routine - Service Capital Costs				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00100	Capital Related Cost	13,403,557.	
03000	Adults and Pediatrics - General Routine Care	00300	Net Capital Related Cost	13,403,557.	
03000	Adults and Pediatrics - General Routine Care	00400	Total Patient Days	150,508.	Days
03000	Adults and Pediatrics - General Routine Care	00500	Per Diem	89.06	Per Diem

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05000	Operating Room	00400	Inpatient Charges	23,352,131.	05001
05000	Operating Room	00500	Capital Costs	125,681.	05001
05100	Recovery Room	00100	Capital Related Cost	433,826.	
05100	Recovery Room	00200	Total Charges	119,793,485.	
05100	Recovery Room	00300	Cost to Charge Ratio	0.003621	Ratio
05100	Recovery Room	00400	Inpatient Charges	18,518,993.	
05100	Recovery Room	00500	Capital Costs	67,057.	
05200	Delivery Room and Labor Room	00100	Capital Related Cost	659,091.	
05200	Delivery Room and Labor Room	00200	Total Charges	9,360,165.	
05200	Delivery Room and Labor Room	00300	Cost to Charge Ratio	0.070414	Ratio
05200	Delivery Room and Labor Room	00400	Inpatient Charges	45,399.	
05200	Delivery Room and Labor Room	00500	Capital Costs	3,197.	
05300	Anesthesiology	00100	Capital Related Cost	66,368.	
05300	Anesthesiology	00200	Total Charges	156,759,432.	
05300	Anesthesiology	00300	Cost to Charge Ratio	0.000423	Ratio
05300	Anesthesiology	00400	Inpatient Charges	28,094,227.	
05300	Anesthesiology	00500	Capital Costs	11,884.	
05400	Radiology - Diagnositc	00100	Capital Related Cost	1,900,550.	
05400	Radiology - Diagnositc	00200	Total Charges	399,961,094.	
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.004752	Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	54,897,694.	
05400	Radiology - Diagnositc	00500	Capital Costs	260,874.	
05400	Radiology - Diagnositc	00100	Capital Related Cost	156,933.	05401
05400	Radiology - Diagnositc	00200	Total Charges	6,467,341.	05401
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.024265	Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	88,902.	05401
05400	Radiology - Diagnositc	00500	Capital Costs	2,157.	05401
05500	Radiology - Therapeutic	00100	Capital Related Cost	723,717.	
05500	Radiology - Therapeutic	00200	Total Charges	25,907,796.	
05500	Radiology - Therapeutic	00300	Cost to Charge Ratio	0.027934	Ratio
05500	Radiology - Therapeutic	00400	Inpatient Charges	168,726.	
05500	Radiology - Therapeutic	00500	Capital Costs	4,713.	
05600	Radioisotope	00100	Capital Related Cost	134,868.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05600	Radioisotope	00200	Total Charges	27,153,356.	
05600	Radioisotope	00300	Cost to Charge Ratio	0.004967	Ratio
05600	Radioisotope	00400	Inpatient Charges	4,434,494.	
05600	Radioisotope	00500	Capital Costs	22,026.	
05700	Computer Tomography (CT) Scan	00100	Capital Related Cost	414,054.	
05700	Computer Tomography (CT) Scan	00200	Total Charges	821,795,389.	
05700	Computer Tomography (CT) Scan	00300	Cost to Charge Ratio	0.000504	Ratio
05700	Computer Tomography (CT) Scan	00400	Inpatient Charges	106,041,820.	
05700	Computer Tomography (CT) Scan	00500	Capital Costs	53,445.	
05800	Magnetic Resonance Imaging (MRI)	00100	Capital Related Cost	226,763.	
05800	Magnetic Resonance Imaging (MRI)	00200	Total Charges	40,987,673.	
05800	Magnetic Resonance Imaging (MRI)	00300	Cost to Charge Ratio	0.005532	Ratio
05800	Magnetic Resonance Imaging (MRI)	00400	Inpatient Charges	6,849,776.	
05800	Magnetic Resonance Imaging (MRI)	00500	Capital Costs	37,893.	
05900	Cardiac Catheterization	00100	Capital Related Cost	1,191,312.	
05900	Cardiac Catheterization	00200	Total Charges	400,052,582.	
05900	Cardiac Catheterization	00300	Cost to Charge Ratio	0.002978	Ratio
05900	Cardiac Catheterization	00400	Inpatient Charges	70,587,317.	
05900	Cardiac Catheterization	00500	Capital Costs	210,209.	
06000	Laboratory	00100	Capital Related Cost	1,571,975.	
06000	Laboratory	00200	Total Charges	770,863,161.	
06000	Laboratory	00300	Cost to Charge Ratio	0.002039	Ratio
06000	Laboratory	00400	Inpatient Charges	126,432,464.	
06000	Laboratory	00500	Capital Costs	257,796.	
06300	Blood Storing, Processing and Transportation	00100	Capital Related Cost	111,134.	
06300	Blood Storing, Processing and Transportation	00200	Total Charges	24,548,131.	
06300	Blood Storing, Processing and Transportation	00300	Cost to Charge Ratio	0.004527	Ratio
06300	Blood Storing, Processing and Transportation	00400	Inpatient Charges	6,184,525.	
06300	Blood Storing, Processing and Transportation	00500	Capital Costs	27,997.	
06500	Respiratory Therapy	00100	Capital Related Cost	391,197.	
06500	Respiratory Therapy	00200	Total Charges	81,441,974.	
06500	Respiratory Therapy	00300	Cost to Charge Ratio	0.004803	Ratio
06500	Respiratory Therapy	00400	Inpatient Charges	24,906,605.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
06500	Respiratory Therapy	00500	Capital Costs	119,626.	
06600	Physical Therapy	00100	Capital Related Cost	1,021,199.	
06600	Physical Therapy	00200	Total Charges	52,031,286.	
06600	Physical Therapy	00300	Cost to Charge Ratio	0.019627	Ratio
06600	Physical Therapy	00400	Inpatient Charges	13,292,876.	
06600	Physical Therapy	00500	Capital Costs	260,899.	
06800	Speech Pathology	00100	Capital Related Cost	31,804.	
06800	Speech Pathology	00200	Total Charges	9,358,815.	
06800	Speech Pathology	00300	Cost to Charge Ratio	0.003398	Ratio
06800	Speech Pathology	00400	Inpatient Charges	3,248,480.	
06800	Speech Pathology	00500	Capital Costs	11,038.	
06900	Electrocardiology	00100	Capital Related Cost	340,983.	
06900	Electrocardiology	00200	Total Charges	109,235,002.	
06900	Electrocardiology	00300	Cost to Charge Ratio	0.003122	Ratio
06900	Electrocardiology	00400	Inpatient Charges	21,659,611.	
06900	Electrocardiology	00500	Capital Costs	67,621.	
07000	Electroencephalography	00100	Capital Related Cost	105,431.	
07000	Electroencephalography	00200	Total Charges	7,887,053.	
07000	Electroencephalography	00300	Cost to Charge Ratio	0.013368	Ratio
07000	Electroencephalography	00400	Inpatient Charges	165,309.	
07000	Electroencephalography	00500	Capital Costs	2,210.	
07100	Medical Supplies Charged to Patients	00100	Capital Related Cost	696,007.	
07100	Medical Supplies Charged to Patients	00200	Total Charges	222,003,373.	
07100	Medical Supplies Charged to Patients	00300	Cost to Charge Ratio	0.003135	Ratio
07100	Medical Supplies Charged to Patients	00400	Inpatient Charges	49,119,020.	
07100	Medical Supplies Charged to Patients	00500	Capital Costs	153,988.	
07200	Implantable Devices Charged to Patients	00100	Capital Related Cost	1,279,267.	
07200	Implantable Devices Charged to Patients	00200	Total Charges	122,007,057.	
07200	Implantable Devices Charged to Patients	00300	Cost to Charge Ratio	0.010485	Ratio
07200	Implantable Devices Charged to Patients	00400	Inpatient Charges	32,551,429.	
07200	Implantable Devices Charged to Patients	00500	Capital Costs	341,302.	
07300	Drugs Charged to Patients	00100	Capital Related Cost	1,339,648.	
07300	Drugs Charged to Patients	00200	Total Charges	573,672,585.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
07300	Drugs Charged to Patients	00300	Cost to Charge Ratio	0.002335	Ratio
07300	Drugs Charged to Patients	00400	Inpatient Charges	134,845,540.	
07300	Drugs Charged to Patients	00500	Capital Costs	314,864.	
07600	Other Ancillary Cost	00100	Capital Related Cost	154,478.	07602
07600	Other Ancillary Cost	00200	Total Charges	19,742,297.	07602
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.007825	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	160,817.	07602
07600	Other Ancillary Cost	00500	Capital Costs	1,258.	07602
07600	Other Ancillary Cost	00100	Capital Related Cost	138,588.	07603
07600	Other Ancillary Cost	00200	Total Charges	19,703,871.	07603
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.007034	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	5,208,756.	07603
07600	Other Ancillary Cost	00500	Capital Costs	36,638.	07603
07600	Other Ancillary Cost	00100	Capital Related Cost	166,629.	07604
07600	Other Ancillary Cost	00200	Total Charges	1,519,543.	07604
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.109657	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	1,577.	07604
07600	Other Ancillary Cost	00500	Capital Costs	173.	07604
09000	Clinic	00100	Capital Related Cost	175,350.	09001
09000	Clinic	00200	Total Charges	4,385,488.	09001
09000	Clinic	00300	Cost to Charge Ratio	0.039984	Ratio
09000	Clinic	00400	Inpatient Charges	5,207.	09001
09000	Clinic	00500	Capital Costs	208.	09001
09100	Emergency	00100	Capital Related Cost	3,031,116.	
09100	Emergency	00200	Total Charges	377,673,645.	
09100	Emergency	00300	Cost to Charge Ratio	0.008026	Ratio
09100	Emergency	00400	Inpatient Charges	31,930,036.	
09100	Emergency	00500	Capital Costs	256,270.	
09100	Emergency	00100	Capital Related Cost	587,969.	09101
09100	Emergency	00200	Total Charges	18,254,328.	09101
09100	Emergency	00300	Cost to Charge Ratio	0.032210	Ratio
09100	Emergency	00400	Inpatient Charges	906.	09101
09100	Emergency	00500	Capital Costs	29.	09101

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
09200	Observation Beds	00100	Capital Related Cost	2,015,221.	
09200	Observation Beds	00200	Total Charges	50,605,822.	
09200	Observation Beds	00300	Cost to Charge Ratio	0.039822	Ratio
09200	Observation Beds	00400	Inpatient Charges	1,882,497.	
09200	Observation Beds	00500	Capital Costs	74,965.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00100	Capital Related Cost	23,715,569.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00200	Total Charges	5,073,043,162.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00400	Inpatient Charges	857,383,326.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00500	Capital Costs	3,468,240.	
B18	IPF Medicare				
05000	Operating Room	00100	Capital Related Cost	4,337,499.	
05000	Operating Room	00200	Total Charges	541,788,070.	
05000	Operating Room	00300	Cost to Charge Ratio	0.008006	Ratio
05000	Operating Room	00100	Capital Related Cost	312,592.	05001
05000	Operating Room	00200	Total Charges	58,083,348.	05001
05000	Operating Room	00300	Cost to Charge Ratio	0.005382	Ratio
05100	Recovery Room	00100	Capital Related Cost	433,826.	
05100	Recovery Room	00200	Total Charges	119,793,485.	
05100	Recovery Room	00300	Cost to Charge Ratio	0.003621	Ratio
05100	Recovery Room	00400	Inpatient Charges	272,033.	
05100	Recovery Room	00500	Capital Costs	985.	
05200	Delivery Room and Labor Room	00100	Capital Related Cost	659,091.	
05200	Delivery Room and Labor Room	00200	Total Charges	9,360,165.	
05200	Delivery Room and Labor Room	00300	Cost to Charge Ratio	0.070414	Ratio
05300	Anesthesiology	00100	Capital Related Cost	66,368.	
05300	Anesthesiology	00200	Total Charges	156,759,432.	
05300	Anesthesiology	00300	Cost to Charge Ratio	0.000423	Ratio
05300	Anesthesiology	00400	Inpatient Charges	340,224.	
05300	Anesthesiology	00500	Capital Costs	144.	
05400	Radiology - Diagnostc	00100	Capital Related Cost	1,900,550.	
05400	Radiology - Diagnostc	00200	Total Charges	399,961,094.	
05400	Radiology - Diagnostc	00300	Cost to Charge Ratio	0.004752	Ratio
05400	Radiology - Diagnostc	00400	Inpatient Charges	592,229.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05400	Radiology - Diagnositc	00500	Capital Costs	2,814.	
05400	Radiology - Diagnositc	00100	Capital Related Cost	156,933.	05401
05400	Radiology - Diagnositc	00200	Total Charges	6,467,341.	05401
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.024265	Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	29.	05401
05400	Radiology - Diagnositc	00500	Capital Costs	1.	05401
05500	Radiology - Therapeutic	00100	Capital Related Cost	723,717.	
05500	Radiology - Therapeutic	00200	Total Charges	25,907,796.	
05500	Radiology - Therapeutic	00300	Cost to Charge Ratio	0.027934	Ratio
05600	Radioisotope	00100	Capital Related Cost	134,868.	
05600	Radioisotope	00200	Total Charges	27,153,356.	
05600	Radioisotope	00300	Cost to Charge Ratio	0.004967	Ratio
05700	Computer Tomography (CT) Scan	00100	Capital Related Cost	414,054.	
05700	Computer Tomography (CT) Scan	00200	Total Charges	821,795,389.	
05700	Computer Tomography (CT) Scan	00300	Cost to Charge Ratio	0.000504	Ratio
05700	Computer Tomography (CT) Scan	00400	Inpatient Charges	1,413,212.	
05700	Computer Tomography (CT) Scan	00500	Capital Costs	712.	
05800	Magnetic Resonance Imaging (MRI)	00100	Capital Related Cost	226,763.	
05800	Magnetic Resonance Imaging (MRI)	00200	Total Charges	40,987,673.	
05800	Magnetic Resonance Imaging (MRI)	00300	Cost to Charge Ratio	0.005532	Ratio
05800	Magnetic Resonance Imaging (MRI)	00400	Inpatient Charges	31,900.	
05800	Magnetic Resonance Imaging (MRI)	00500	Capital Costs	176.	
05900	Cardiac Catheterization	00100	Capital Related Cost	1,191,312.	
05900	Cardiac Catheterization	00200	Total Charges	400,052,582.	
05900	Cardiac Catheterization	00300	Cost to Charge Ratio	0.002978	Ratio
05900	Cardiac Catheterization	00400	Inpatient Charges	44,154.	
05900	Cardiac Catheterization	00500	Capital Costs	131.	
06000	Laboratory	00100	Capital Related Cost	1,571,975.	
06000	Laboratory	00200	Total Charges	770,863,161.	
06000	Laboratory	00300	Cost to Charge Ratio	0.002039	Ratio
06000	Laboratory	00400	Inpatient Charges	4,700,956.	
06000	Laboratory	00500	Capital Costs	9,585.	
06300	Blood Storing, Processing and Transportation	00100	Capital Related Cost	111,134.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
06300	Blood Storing, Processing and Transportation	00200	Total Charges	24,548,131.	
06300	Blood Storing, Processing and Transportation	00300	Cost to Charge Ratio	0.004527	Ratio
06300	Blood Storing, Processing and Transportation	00400	Inpatient Charges	6,097.	
06300	Blood Storing, Processing and Transportation	00500	Capital Costs	28.	
06500	Respiratory Therapy	00100	Capital Related Cost	391,197.	
06500	Respiratory Therapy	00200	Total Charges	81,441,974.	
06500	Respiratory Therapy	00300	Cost to Charge Ratio	0.004803	Ratio
06500	Respiratory Therapy	00400	Inpatient Charges	155,456.	
06500	Respiratory Therapy	00500	Capital Costs	747.	
06600	Physical Therapy	00100	Capital Related Cost	1,021,199.	
06600	Physical Therapy	00200	Total Charges	52,031,286.	
06600	Physical Therapy	00300	Cost to Charge Ratio	0.019627	Ratio
06600	Physical Therapy	00400	Inpatient Charges	111,833.	
06600	Physical Therapy	00500	Capital Costs	2,195.	
06800	Speech Pathology	00100	Capital Related Cost	31,804.	
06800	Speech Pathology	00200	Total Charges	9,358,815.	
06800	Speech Pathology	00300	Cost to Charge Ratio	0.003398	Ratio
06800	Speech Pathology	00400	Inpatient Charges	3,438.	
06800	Speech Pathology	00500	Capital Costs	12.	
06900	Electrocardiology	00100	Capital Related Cost	340,983.	
06900	Electrocardiology	00200	Total Charges	109,235,002.	
06900	Electrocardiology	00300	Cost to Charge Ratio	0.003122	Ratio
06900	Electrocardiology	00400	Inpatient Charges	160,600.	
06900	Electrocardiology	00500	Capital Costs	501.	
07000	Electroencephalography	00100	Capital Related Cost	105,431.	
07000	Electroencephalography	00200	Total Charges	7,887,053.	
07000	Electroencephalography	00300	Cost to Charge Ratio	0.013368	Ratio
07100	Medical Supplies Charged to Patients	00100	Capital Related Cost	696,007.	
07100	Medical Supplies Charged to Patients	00200	Total Charges	222,003,373.	
07100	Medical Supplies Charged to Patients	00300	Cost to Charge Ratio	0.003135	Ratio
07100	Medical Supplies Charged to Patients	00400	Inpatient Charges	25,560.	
07100	Medical Supplies Charged to Patients	00500	Capital Costs	80.	
07200	Implantable Devices Charged to Patients	00100	Capital Related Cost	1,279,267.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
07200	Implantable Devices Charged to Patients	00200	Total Charges	122,007,057.	
07200	Implantable Devices Charged to Patients	00300	Cost to Charge Ratio	0.010485	Ratio
07300	Drugs Charged to Patients	00100	Capital Related Cost	1,339,648.	
07300	Drugs Charged to Patients	00200	Total Charges	573,672,585.	
07300	Drugs Charged to Patients	00300	Cost to Charge Ratio	0.002335	Ratio
07300	Drugs Charged to Patients	00400	Inpatient Charges	4,178,472.	
07300	Drugs Charged to Patients	00500	Capital Costs	9,757.	
07600	Other Ancillary Cost	00100	Capital Related Cost	154,478.	07602
07600	Other Ancillary Cost	00200	Total Charges	19,742,297.	07602
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.007825	Ratio
07600	Other Ancillary Cost	00100	Capital Related Cost	138,588.	07603
07600	Other Ancillary Cost	00200	Total Charges	19,703,871.	07603
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.007034	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	50,274.	07603
07600	Other Ancillary Cost	00500	Capital Costs	354.	07603
07600	Other Ancillary Cost	00100	Capital Related Cost	166,629.	07604
07600	Other Ancillary Cost	00200	Total Charges	1,519,543.	07604
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.109657	Ratio
09000	Clinic	00100	Capital Related Cost	175,350.	09001
09000	Clinic	00200	Total Charges	4,385,488.	09001
09000	Clinic	00300	Cost to Charge Ratio	0.039984	Ratio
09000	Clinic	00400	Inpatient Charges	28,830.	09001
09000	Clinic	00500	Capital Costs	1,153.	09001
09100	Emergency	00100	Capital Related Cost	3,031,116.	
09100	Emergency	00200	Total Charges	377,673,645.	
09100	Emergency	00300	Cost to Charge Ratio	0.008026	Ratio
09100	Emergency	00400	Inpatient Charges	2,286,713.	
09100	Emergency	00500	Capital Costs	18,353.	
09100	Emergency	00100	Capital Related Cost	587,969.	09101
09100	Emergency	00200	Total Charges	18,254,328.	09101
09100	Emergency	00300	Cost to Charge Ratio	0.032210	Ratio
09100	Emergency	00400	Inpatient Charges	18.	09101
09100	Emergency	00500	Capital Costs	1.	09101

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
09200	Observation Beds	00200	Total Charges	50,605,822.	
09200	Observation Beds	00400	Inpatient Charges	185,593.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00100	Capital Related Cost	21,700,348.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00200	Total Charges	5,073,043,162.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00400	Inpatient Charges	14,587,621.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00500	Capital Costs	47,729.	
3	Part 3 - Apportionment of Inpatient Routine Service - Other Pass Through Cost				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00600	Total Patient Days	150,508.	Days
03000	Adults and Pediatrics - General Routine Care	00800	Program Inpatient Days	35,562.	Days
03100	Intensive Care Unit	00600	Total Patient Days	15,625.	Days
03100	Intensive Care Unit	00800	Program Inpatient Days	4,246.	Days
04000	Subprovider - IPF	00600	Total Patient Days	29,309.	Days
04000	Subprovider - IPF	00800	Program Inpatient Days	5,372.	Days
04300	Nursery	00600	Total Patient Days	985.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00600	Total Patient Days	196,427.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00800	Program Inpatient Days	45,180.	Days
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
A18	Hospital Medicare				
05000	Operating Room	00700	Total Charges	541,788,070.	
05000	Operating Room	01000	Inpatient Charges	92,708,192.	
05000	Operating Room	01200	Outpatient Charges	43,334,109.	
05000	Operating Room	00700	Total Charges	58,083,348.	05001
05000	Operating Room	01000	Inpatient Charges	23,352,131.	05001
05000	Operating Room	01200	Outpatient Charges	46,974.	05001
05100	Recovery Room	00700	Total Charges	119,793,485.	
05100	Recovery Room	01000	Inpatient Charges	18,518,993.	
05100	Recovery Room	01200	Outpatient Charges	12,018,247.	
05200	Delivery Room and Labor Room	00700	Total Charges	9,360,165.	
05200	Delivery Room and Labor Room	01000	Inpatient Charges	45,399.	
05200	Delivery Room and Labor Room	01200	Outpatient Charges	7,597.	
05300	Anesthesiology	00700	Total Charges	156,759,432.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
05300	Anesthesiology	01000	Inpatient Charges	28,094,227.	
05300	Anesthesiology	01200	Outpatient Charges	12,692,945.	
05400	Radiology - Diagnositc	00700	Total Charges	399,961,094.	
05400	Radiology - Diagnositc	01000	Inpatient Charges	54,897,694.	
05400	Radiology - Diagnositc	01200	Outpatient Charges	54,391,633.	
05400	Radiology - Diagnositc	00700	Total Charges	6,467,341.	05401
05400	Radiology - Diagnositc	01000	Inpatient Charges	88,902.	05401
05400	Radiology - Diagnositc	01200	Outpatient Charges	1,767,843.	05401
05500	Radiology - Therapeutic	00700	Total Charges	25,907,796.	
05500	Radiology - Therapeutic	01000	Inpatient Charges	168,726.	
05500	Radiology - Therapeutic	01200	Outpatient Charges	6,218,541.	
05600	Radioisotope	00700	Total Charges	27,153,356.	
05600	Radioisotope	01000	Inpatient Charges	4,434,494.	
05600	Radioisotope	01200	Outpatient Charges	2,442,419.	
05700	Computer Tomography (CT) Scan	00700	Total Charges	821,795,389.	
05700	Computer Tomography (CT) Scan	01000	Inpatient Charges	106,041,820.	
05700	Computer Tomography (CT) Scan	01200	Outpatient Charges	56,614,012.	
05800	Magnetic Resonance Imaging (MRI)	00700	Total Charges	40,987,673.	
05800	Magnetic Resonance Imaging (MRI)	01000	Inpatient Charges	6,849,776.	
05800	Magnetic Resonance Imaging (MRI)	01200	Outpatient Charges	2,566,597.	
05900	Cardiac Catheterization	00700	Total Charges	400,052,582.	
05900	Cardiac Catheterization	01000	Inpatient Charges	70,587,317.	
05900	Cardiac Catheterization	01200	Outpatient Charges	65,303,653.	
06000	Laboratory	00700	Total Charges	770,863,161.	
06000	Laboratory	01000	Inpatient Charges	126,432,464.	
06000	Laboratory	01200	Outpatient Charges	38,202,640.	
06300	Blood Storing, Processing and Transportation	00700	Total Charges	24,548,131.	
06300	Blood Storing, Processing and Transportation	01000	Inpatient Charges	6,184,525.	
06300	Blood Storing, Processing and Transportation	01200	Outpatient Charges	1,134,462.	
06500	Respiratory Therapy	00700	Total Charges	81,441,974.	
06500	Respiratory Therapy	01000	Inpatient Charges	24,906,605.	
06500	Respiratory Therapy	01200	Outpatient Charges	925,932.	
06600	Physical Therapy	00700	Total Charges	52,031,286.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
06600	Physical Therapy	01000	Inpatient Charges	13,292,876.	
06600	Physical Therapy	01200	Outpatient Charges	367,072.	
06800	Speech Pathology	00700	Total Charges	9,358,815.	
06800	Speech Pathology	01000	Inpatient Charges	3,248,480.	
06800	Speech Pathology	01200	Outpatient Charges	66,399.	
06900	Electrocardiology	00700	Total Charges	109,235,002.	
06900	Electrocardiology	01000	Inpatient Charges	21,659,611.	
06900	Electrocardiology	01200	Outpatient Charges	11,580,507.	
07000	Electroencephalography	00700	Total Charges	7,887,053.	
07000	Electroencephalography	01000	Inpatient Charges	165,309.	
07000	Electroencephalography	01200	Outpatient Charges	2,017,264.	
07100	Medical Supplies Charged to Patients	00700	Total Charges	222,003,373.	
07100	Medical Supplies Charged to Patients	01000	Inpatient Charges	49,119,020.	
07100	Medical Supplies Charged to Patients	01200	Outpatient Charges	19,640,472.	
07200	Implantable Devices Charged to Patients	00700	Total Charges	122,007,057.	
07200	Implantable Devices Charged to Patients	01000	Inpatient Charges	32,551,429.	
07200	Implantable Devices Charged to Patients	01200	Outpatient Charges	8,696,047.	
07300	Drugs Charged to Patients	00700	Total Charges	573,672,585.	
07300	Drugs Charged to Patients	01000	Inpatient Charges	134,845,540.	
07300	Drugs Charged to Patients	01200	Outpatient Charges	11,426,777.	
07600	Other Ancillary Cost	00700	Total Charges	19,742,297.	07602
07600	Other Ancillary Cost	01000	Inpatient Charges	160,817.	07602
07600	Other Ancillary Cost	01200	Outpatient Charges	8,442,284.	07602
07600	Other Ancillary Cost	00700	Total Charges	19,703,871.	07603
07600	Other Ancillary Cost	01000	Inpatient Charges	5,208,756.	07603
07600	Other Ancillary Cost	01200	Outpatient Charges	421,605.	07603
07600	Other Ancillary Cost	00700	Total Charges	1,519,543.	07604
07600	Other Ancillary Cost	01000	Inpatient Charges	1,577.	07604
07600	Other Ancillary Cost	01200	Outpatient Charges	678,629.	07604
09000	Clinic	00700	Total Charges	4,385,488.	09001
09000	Clinic	01000	Inpatient Charges	5,207.	09001
09000	Clinic	01200	Outpatient Charges	1,349,675.	09001
09100	Emergency	00700	Total Charges	377,673,645.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
09100	Emergency	01000	Inpatient Charges	31,930,036.	
09100	Emergency	01200	Outpatient Charges	32,033,782.	
09100	Emergency	00700	Total Charges	18,254,328.	09101
09100	Emergency	01000	Inpatient Charges	906.	09101
09100	Emergency	01200	Outpatient Charges	3,312,479.	09101
09200	Observation Beds	00700	Total Charges	50,605,822.	
09200	Observation Beds	01000	Inpatient Charges	1,882,497.	
09200	Observation Beds	01200	Outpatient Charges	4,999,886.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00700	Total Charges	5,073,043,162.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01000	Inpatient Charges	857,383,326.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01200	Outpatient Charges	402,700,482.	
B18	IPF Medicare				
05000	Operating Room	00700	Total Charges	541,788,070.	
05000	Operating Room	00700	Total Charges	58,083,348.	05001
05100	Recovery Room	00700	Total Charges	119,793,485.	
05100	Recovery Room	01000	Inpatient Charges	272,033.	
05200	Delivery Room and Labor Room	00700	Total Charges	9,360,165.	
05300	Anesthesiology	00700	Total Charges	156,759,432.	
05300	Anesthesiology	01000	Inpatient Charges	340,224.	
05400	Radiology - Diagnositc	00700	Total Charges	399,961,094.	
05400	Radiology - Diagnositc	01000	Inpatient Charges	592,229.	
05400	Radiology - Diagnositc	01200	Outpatient Charges	20,272.	
05400	Radiology - Diagnositc	00700	Total Charges	6,467,341.	05401
05400	Radiology - Diagnositc	01000	Inpatient Charges	29.	05401
05500	Radiology - Therapeutic	00700	Total Charges	25,907,796.	
05600	Radioisotope	00700	Total Charges	27,153,356.	
05700	Computer Tomography (CT) Scan	00700	Total Charges	821,795,389.	
05700	Computer Tomography (CT) Scan	01000	Inpatient Charges	1,413,212.	
05700	Computer Tomography (CT) Scan	01200	Outpatient Charges	92,581.	
05800	Magnetic Resonance Imaging (MRI)	00700	Total Charges	40,987,673.	
05800	Magnetic Resonance Imaging (MRI)	01000	Inpatient Charges	31,900.	
05800	Magnetic Resonance Imaging (MRI)	01200	Outpatient Charges	3,848.	
05900	Cardiac Catheterization	00700	Total Charges	400,052,582.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
05900	Cardiac Catheterization	01000	Inpatient Charges	44,154.	
06000	Laboratory	00700	Total Charges	770,863,161.	
06000	Laboratory	01000	Inpatient Charges	4,700,956.	
06300	Blood Storing, Processing and Transportation	00700	Total Charges	24,548,131.	
06300	Blood Storing, Processing and Transportation	01000	Inpatient Charges	6,097.	
06500	Respiratory Therapy	00700	Total Charges	81,441,974.	
06500	Respiratory Therapy	01000	Inpatient Charges	155,456.	
06500	Respiratory Therapy	01200	Outpatient Charges	493.	
06600	Physical Therapy	00700	Total Charges	52,031,286.	
06600	Physical Therapy	01000	Inpatient Charges	111,833.	
06800	Speech Pathology	00700	Total Charges	9,358,815.	
06800	Speech Pathology	01000	Inpatient Charges	3,438.	
06900	Electrocardiology	00700	Total Charges	109,235,002.	
06900	Electrocardiology	01000	Inpatient Charges	160,600.	
06900	Electrocardiology	01200	Outpatient Charges	1,438.	
07000	Electroencephalography	00700	Total Charges	7,887,053.	
07100	Medical Supplies Charged to Patients	00700	Total Charges	222,003,373.	
07100	Medical Supplies Charged to Patients	01000	Inpatient Charges	25,560.	
07200	Implantable Devices Charged to Patients	00700	Total Charges	122,007,057.	
07300	Drugs Charged to Patients	00700	Total Charges	573,672,585.	
07300	Drugs Charged to Patients	01000	Inpatient Charges	4,178,472.	
07300	Drugs Charged to Patients	01200	Outpatient Charges	600.	
07600	Other Ancillary Cost	00700	Total Charges	19,742,297.	07602
07600	Other Ancillary Cost	00700	Total Charges	19,703,871.	07603
07600	Other Ancillary Cost	01000	Inpatient Charges	50,274.	07603
07600	Other Ancillary Cost	00700	Total Charges	1,519,543.	07604
09000	Clinic	00700	Total Charges	4,385,488.	09001
09000	Clinic	01000	Inpatient Charges	28,830.	09001
09000	Clinic	01200	Outpatient Charges	1,848.	09001
09100	Emergency	00700	Total Charges	377,673,645.	
09100	Emergency	01000	Inpatient Charges	2,286,713.	
09100	Emergency	01200	Outpatient Charges	113.	
09100	Emergency	00700	Total Charges	18,254,328.	09101

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
09100	Emergency	01000	Inpatient Charges	18.	09101
09200	Observation Beds	00700	Total Charges	50,605,822.	
09200	Observation Beds	01000	Inpatient Charges	185,593.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00700	Total Charges	5,073,043,162.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01000	Inpatient Charges	14,587,621.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01200	Outpatient Charges	121,193.	
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
A18	Hospital Medicare				
05000	Operating Room	00100	CC Ratio Wkst C Part 1	0.068376	CC Ratio
05000	Operating Room	00200	PPS Reimbrused Services	43,334,109.	Charges
05000	Operating Room	00500	PPS Reimbrused Services	2,963,013.	Cost
05000	Operating Room	00100	CC Ratio Wkst C Part 1	0.081948	CC Ratio
05000	Operating Room	00200	PPS Reimbrused Services	46,974.	Charges
05000	Operating Room	00500	PPS Reimbrused Services	3,849.	Cost
05100	Recovery Room	00100	CC Ratio Wkst C Part 1	0.045458	CC Ratio
05100	Recovery Room	00200	PPS Reimbrused Services	12,018,247.	Charges
05100	Recovery Room	00500	PPS Reimbrused Services	546,325.	Cost
05200	Delivery Room and Labor Room	00100	CC Ratio Wkst C Part 1	0.576943	CC Ratio
05200	Delivery Room and Labor Room	00200	PPS Reimbrused Services	7,597.	Charges
05200	Delivery Room and Labor Room	00500	PPS Reimbrused Services	4,383.	Cost
05300	Anesthesiology	00100	CC Ratio Wkst C Part 1	0.012376	CC Ratio
05300	Anesthesiology	00200	PPS Reimbrused Services	12,692,945.	Charges
05300	Anesthesiology	00500	PPS Reimbrused Services	157,088.	Cost
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.041754	CC Ratio
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	54,391,633.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
05400	Radiology - Diagnositc	00500	PPS Reimbrused Services	2,271,068.	Cost
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.137109	CC Ratio
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	1,767,843.	Charges
05400	Radiology - Diagnositc	00500	PPS Reimbrused Services	242,387.	Cost
05500	Radiology - Therapeutic	00100	CC Ratio Wkst C Part 1	0.171765	CC Ratio
05500	Radiology - Therapeutic	00200	PPS Reimbrused Services	6,218,541.	Charges
05500	Radiology - Therapeutic	00500	PPS Reimbrused Services	1,068,128.	Cost
05600	Radioisotope	00100	CC Ratio Wkst C Part 1	0.055573	CC Ratio
05600	Radioisotope	00200	PPS Reimbrused Services	2,442,419.	Charges
05600	Radioisotope	00500	PPS Reimbrused Services	135,733.	Cost
05700	Computer Tomography (CT) Scan	00100	CC Ratio Wkst C Part 1	0.007925	CC Ratio
05700	Computer Tomography (CT) Scan	00200	PPS Reimbrused Services	56,614,012.	Charges
05700	Computer Tomography (CT) Scan	00500	PPS Reimbrused Services	448,666.	Cost
05800	Magnetic Resonance Imaging (MRI)	00100	CC Ratio Wkst C Part 1	0.060237	CC Ratio
05800	Magnetic Resonance Imaging (MRI)	00200	PPS Reimbrused Services	2,566,597.	Charges
05800	Magnetic Resonance Imaging (MRI)	00500	PPS Reimbrused Services	154,604.	Cost
05900	Cardiac Catheterization	00100	CC Ratio Wkst C Part 1	0.038614	CC Ratio
05900	Cardiac Catheterization	00200	PPS Reimbrused Services	65,303,653.	Charges
05900	Cardiac Catheterization	00500	PPS Reimbrused Services	2,521,635.	Cost
06000	Laboratory	00100	CC Ratio Wkst C Part 1	0.025581	CC Ratio
06000	Laboratory	00200	PPS Reimbrused Services	38,202,640.	Charges
06000	Laboratory	00500	PPS Reimbrused Services	977,262.	Cost

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
06300	Blood Storing, Processing and Transportation	00100	CC Ratio Wkst C Part 1	0.117006	CC Ratio
06300	Blood Storing, Processing and Transportation	00200	PPS Reimbrused Services	1,134,462.	Charges
06300	Blood Storing, Processing and Transportation	00500	PPS Reimbrused Services	132,739.	Cost
06500	Respiratory Therapy	00100	CC Ratio Wkst C Part 1	0.095112	CC Ratio
06500	Respiratory Therapy	00200	PPS Reimbrused Services	925,932.	Charges
06500	Respiratory Therapy	00500	PPS Reimbrused Services	88,067.	Cost
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.129032	CC Ratio
06600	Physical Therapy	00200	PPS Reimbrused Services	367,072.	Charges
06600	Physical Therapy	00500	PPS Reimbrused Services	47,364.	Cost
06800	Speech Pathology	00100	CC Ratio Wkst C Part 1	0.085480	CC Ratio
06800	Speech Pathology	00200	PPS Reimbrused Services	66,399.	Charges
06800	Speech Pathology	00500	PPS Reimbrused Services	5,676.	Cost
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.025912	CC Ratio
06900	Electrocardiology	00200	PPS Reimbrused Services	11,580,507.	Charges
06900	Electrocardiology	00500	PPS Reimbrused Services	300,074.	Cost
07000	Electroencephalography	00100	CC Ratio Wkst C Part 1	0.111881	CC Ratio
07000	Electroencephalography	00200	PPS Reimbrused Services	2,017,264.	Charges
07000	Electroencephalography	00500	PPS Reimbrused Services	225,694.	Cost
07100	Medical Supplies Charged to Patients	00100	CC Ratio Wkst C Part 1	0.143360	CC Ratio
07100	Medical Supplies Charged to Patients	00200	PPS Reimbrused Services	19,640,472.	Charges
07100	Medical Supplies Charged to Patients	00500	PPS Reimbrused Services	2,815,658.	Cost
07200	Implantable Devices Charged to Patients	00100	CC Ratio Wkst C Part 1	0.529894	CC Ratio

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
07200	Implantable Devices Charged to Patients	00200	PPS Reimbrused Services	8,696,047.	Charges
07200	Implantable Devices Charged to Patients	00500	PPS Reimbrused Services	4,607,983.	Cost
07300	Drugs Charged to Patients	00100	CC Ratio Wkst C Part 1	0.067427	CC Ratio
07300	Drugs Charged to Patients	00200	PPS Reimbrused Services	11,426,777.	Charges
07300	Drugs Charged to Patients	00400	Cost Reimb Svcs - No Co-I	125,722.	Charges
07300	Drugs Charged to Patients	00500	PPS Reimbrused Services	770,473.	Cost
07300	Drugs Charged to Patients	00700	Cost Reimb Svcs - No Co-I	8,477.	Cost
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.066098	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	8,442,284.	Charges
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	558,018.	Cost
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.193742	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	421,605.	Charges
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	81,683.	Cost
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.651012	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	678,629.	Charges
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	441,796.	Cost
09000	Clinic	00100	CC Ratio Wkst C Part 1	0.250492	CC Ratio
09000	Clinic	00200	PPS Reimbrused Services	1,349,675.	Charges
09000	Clinic	00500	PPS Reimbrused Services	338,083.	Cost
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.083414	CC Ratio
09100	Emergency	00200	PPS Reimbrused Services	32,033,782.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
09100	Emergency	00500	PPS Reimbrused Services	2,672,066.	Cost
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.140654	CC Ratio
09100	Emergency	00200	PPS Reimbrused Services	3,312,479.	Charges
09100	Emergency	00500	PPS Reimbrused Services	465,913.	Cost
09200	Observation Beds	00100	CC Ratio Wkst C Part 1	0.337317	CC Ratio
09200	Observation Beds	00200	PPS Reimbrused Services	4,999,886.	Charges
09200	Observation Beds	00500	PPS Reimbrused Services	1,686,547.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00200	PPS Reimbrused Services	402,700,482.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00400	Cost Reimb Svcs - No Co-I	125,722.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00500	PPS Reimbrused Services	26,731,975.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00700	Cost Reimb Svcs - No Co-I	8,477.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00200	PPS Reimbrused Services	402,700,482.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00400	Cost Reimb Svcs - No Co-I	125,722.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00500	PPS Reimbrused Services	26,731,975.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00700	Cost Reimb Svcs - No Co-I	8,477.	Cost
A19	Hospital Medicaid				
05000	Operating Room	00300	Cost Reimb Svcs - Co-Ins	1,731,134.	Charges
05100	Recovery Room	00300	Cost Reimb Svcs - Co-Ins	513,091.	Charges
05200	Delivery Room and Labor Room	00300	Cost Reimb Svcs - Co-Ins	194,050.	Charges
05300	Anesthesiology	00300	Cost Reimb Svcs - Co-Ins	418,203.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
05400	Radiology - Diagnositc	00300	Cost Reimb Svcs - Co-Ins	6,054,584.	Charges
05400	Radiology - Diagnositc	00300	Cost Reimb Svcs - Co-Ins	7,015.	Charges
05500	Radiology - Therapeutic	00300	Cost Reimb Svcs - Co-Ins	743,327.	Charges
05600	Radioisotope	00300	Cost Reimb Svcs - Co-Ins	268,579.	Charges
05700	Computer Tomography (CT) Scan	00300	Cost Reimb Svcs - Co-Ins	17,283,565.	Charges
05800	Magnetic Resonance Imaging (MRI)	00300	Cost Reimb Svcs - Co-Ins	281,175.	Charges
05900	Cardiac Catheterization	00300	Cost Reimb Svcs - Co-Ins	162,434.	Charges
06000	Laboratory	00300	Cost Reimb Svcs - Co-Ins	12,731,428.	Charges
06300	Blood Storing, Processing and Transportation	00300	Cost Reimb Svcs - Co-Ins	222,472.	Charges
06500	Respiratory Therapy	00300	Cost Reimb Svcs - Co-Ins	147,183.	Charges
06600	Physical Therapy	00300	Cost Reimb Svcs - Co-Ins	154,893.	Charges
06800	Speech Pathology	00300	Cost Reimb Svcs - Co-Ins	8,465.	Charges
06900	Electrocardiology	00300	Cost Reimb Svcs - Co-Ins	917,354.	Charges
07000	Electroencephalography	00300	Cost Reimb Svcs - Co-Ins	103,713.	Charges
07100	Medical Supplies Charged to Patients	00300	Cost Reimb Svcs - Co-Ins	470,253.	Charges
07200	Implantable Devices Charged to Patients	00300	Cost Reimb Svcs - Co-Ins	94,716.	Charges
07300	Drugs Charged to Patients	00300	Cost Reimb Svcs - Co-Ins	2,112,702.	Charges
07600	Other Ancillary Cost	00300	Cost Reimb Svcs - Co-Ins	1,625.	Charges
07600	Other Ancillary Cost	00300	Cost Reimb Svcs - Co-Ins	390,284.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
09100	Emergency	00300	Cost Reimb Svcs - Co-Ins	10,219,843.	Charges
09100	Emergency	00300	Cost Reimb Svcs - Co-Ins	196,058.	Charges
09200	Observation Beds	00300	Cost Reimb Svcs - Co-Ins	1,455,168.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00300	Cost Reimb Svcs - Co-Ins	56,883,314.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00600	Cost Reimb Svcs - Co-Ins	2,943,856.	Cost
B18	IPF Medicare				
05000	Operating Room	00100	CC Ratio Wkst C Part 1	0.068376	CC Ratio
05000	Operating Room	00100	CC Ratio Wkst C Part 1	0.081948	CC Ratio
05100	Recovery Room	00100	CC Ratio Wkst C Part 1	0.045458	CC Ratio
05200	Delivery Room and Labor Room	00100	CC Ratio Wkst C Part 1	0.576943	CC Ratio
05300	Anesthesiology	00100	CC Ratio Wkst C Part 1	0.012376	CC Ratio
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.041754	CC Ratio
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	20,272.	Charges
05400	Radiology - Diagnositc	00500	PPS Reimbrused Services	846.	Cost
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.137109	CC Ratio
05500	Radiology - Therapeutic	00100	CC Ratio Wkst C Part 1	0.171765	CC Ratio
05600	Radioisotope	00100	CC Ratio Wkst C Part 1	0.055573	CC Ratio
05700	Computer Tomography (CT) Scan	00100	CC Ratio Wkst C Part 1	0.007925	CC Ratio
05700	Computer Tomography (CT) Scan	00200	PPS Reimbrused Services	92,581.	Charges
05700	Computer Tomography (CT) Scan	00500	PPS Reimbrused Services	734.	Cost
05800	Magnetic Resonance Imaging (MRI)	00100	CC Ratio Wkst C Part 1	0.060237	CC Ratio
05800	Magnetic Resonance Imaging (MRI)	00200	PPS Reimbrused Services	3,848.	Charges
05800	Magnetic Resonance Imaging (MRI)	00500	PPS Reimbrused Services	232.	Cost
05900	Cardiac Catheterization	00100	CC Ratio Wkst C Part 1	0.038614	CC Ratio
06000	Laboratory	00100	CC Ratio Wkst C Part 1	0.025581	CC Ratio

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100080	JFK MEDICAL CENTER ATLANTIS, FL 33462				

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
06300	Blood Storing, Processing and Transportation	00100	CC Ratio Wkst C Part 1	0.117006	CC Ratio
06500	Respiratory Therapy	00100	CC Ratio Wkst C Part 1	0.095112	CC Ratio
06500	Respiratory Therapy	00200	PPS Reimbrused Services	493.	Charges
06500	Respiratory Therapy	00500	PPS Reimbrused Services	47.	Cost
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.129032	CC Ratio
06800	Speech Pathology	00100	CC Ratio Wkst C Part 1	0.085480	CC Ratio
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.025912	CC Ratio
06900	Electrocardiology	00200	PPS Reimbrused Services	1,438.	Charges
06900	Electrocardiology	00500	PPS Reimbrused Services	37.	Cost
07000	Electroencephalography	00100	CC Ratio Wkst C Part 1	0.111881	CC Ratio
07100	Medical Supplies Charged to Patients	00100	CC Ratio Wkst C Part 1	0.143360	CC Ratio
07200	Implantable Devices Charged to Patients	00100	CC Ratio Wkst C Part 1	0.529894	CC Ratio
07300	Drugs Charged to Patients	00100	CC Ratio Wkst C Part 1	0.067427	CC Ratio
07300	Drugs Charged to Patients	00200	PPS Reimbrused Services	600.	Charges
07300	Drugs Charged to Patients	00400	Cost Reimb Svcs - No Co-I	120.	Charges
07300	Drugs Charged to Patients	00500	PPS Reimbrused Services	40.	Cost
07300	Drugs Charged to Patients	00700	Cost Reimb Svcs - No Co-I	8.	Cost
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.066098	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.193742	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.651012	CC Ratio
09000	Clinic	00100	CC Ratio Wkst C Part 1	0.250492	CC Ratio
09000	Clinic	00200	PPS Reimbrused Services	1,848.	Charges
09000	Clinic	00500	PPS Reimbrused Services	463.	Cost
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.083414	CC Ratio
09100	Emergency	00200	PPS Reimbrused Services	113.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
09100	Emergency	00500	PPS Reimbrused Services	9.	Cost
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.140654	CC Ratio
09200	Observation Beds	00100	CC Ratio Wkst C Part 1	0.337317	CC Ratio
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00200	PPS Reimbrused Services	121,193.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00400	Cost Reimb Svcs - No Co-I	120.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00500	PPS Reimbrused Services	2,408.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00700	Cost Reimb Svcs - No Co-I	8.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00200	PPS Reimbrused Services	121,193.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00400	Cost Reimb Svcs - No Co-I	120.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00500	PPS Reimbrused Services	2,408.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00700	Cost Reimb Svcs - No Co-I	8.	Cost
D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
A18	Hospital Medicare				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	150,508.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	150,508.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	127,879.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	35,562.	Days
02100	Total General Inpatient Routine Service Cost	00100	Inpatient Amount	113,536,341.	
02700	General Inpatient Routine Service Cost Net of Swing-Bed Cost (Line 21 Minus Line 26).	00100	Inpatient Amount	113,536,341.	

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100080	JFK MEDICAL CENTER ATLANTIS, FL	33462			

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
03700	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	113,536,341.	
03800	Adjusted General Inpatient Routine Service Cost Per Diem	00100	Inpatient Amount	754.35	Per Diem
03900	Program General Inpatient Routine Service Cost (Line 9 Times Line 38)	00100	Inpatient Amount	26,826,195.	
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	26,826,195.	
04300	Intensive Care Unit	00100	Inpatient Amount	28,736,809.	
04300	Intensive Care Unit	00200	Inpatient Days	15,625.	Days
04300	Intensive Care Unit	00300	Average Per Diem	1,839.16	Per Diem
04300	Intensive Care Unit	00400	Program Days	4,246.	Days
04300	Intensive Care Unit	00500	Program Cost	7,809,073.	
04800	Program Inpatient Ancillary Service Cost (Worksteet D-4 Column 03 Line 101)	00100	Inpatient Amount	62,671,794.	
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	97,307,062.	
05000	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 1 and 3).	00100	Inpatient Amount	3,873,092.	
05100	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 2 and 4).	00100	Inpatient Amount	3,468,240.	
05200	Total Program Excluded Cost (Sum of Lines 50 and 51)	00100	Inpatient Amount	7,341,332.	
05300	Total program inpatient operating cost excluding captial related, nonphysician anesthetist and medical education cost (line 4	00100	Inpatient Amount	89,965,730.	
08700	Total Observation Bed Days	00100	Inpatient Amount	22,629.	Days
08800	Adjusted General Inpatient Routine Cost Per Diem (Line 27 Divided by Line 02)	00100	Inpatient Amount	754.35	Per Diem
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	17,070,186.	
09000	Capital Related Cost	00100	Inpatient Amount	13,403,557.	
09000	Capital Related Cost	00200	Inpatient Days	113,536,341.	Days
09000	Capital Related Cost	00300	Average Per Diem	0.12	Per Diem

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
09000	Capital Related Cost	00400	Program Days	17,070,186.	Days
09000	Capital Related Cost	00500	Program Cost	2,015,221.	
09100	Nursing School Cost	00200	Inpatient Days	113,536,341.	Days
09100	Nursing School Cost	00400	Program Days	17,070,186.	Days
09200	Allied Health Cost	00200	Inpatient Days	113,536,341.	Days
09200	Allied Health Cost	00400	Program Days	17,070,186.	Days
09300	All Other Medical Education	00200	Inpatient Days	113,536,341.	Days
09300	All Other Medical Education	00400	Program Days	17,070,186.	Days
A19	Hosptial Medicaid				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	150,508.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	150,508.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	127,879.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	11,858.	Days
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	24,775,611.	
08700	Total Observation Bed Days	00100	Inpatient Amount	22,629.	Days
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	17,069,960.	
B18	IPF Medicare				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	29,309.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	29,309.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	29,309.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	5,372.	Days
02100	Total General Inpatient Routine Service Cost	00100	Inpatient Amount	21,155,262.	
02700	General Inpatient Routine Service Cost Net of Swing-Bed Cost (Line 21 Minus Line 26).	00100	Inpatient Amount	21,155,262.	

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
03700	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	21,155,262.	
03800	Adjusted General Inpatient Routine Service Cost Per Diem	00100	Inpatient Amount	721.80	Per Diem
03900	Program General Inpatient Routine Service Cost (Line 9 Times Line 38)	00100	Inpatient Amount	3,877,510.	
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	3,877,510.	
04800	Program Inpatient Ancillary Service Cost (Worksteet D-4 Column 03 Line 101)	00100	Inpatient Amount	766,595.	
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	4,644,105.	
05000	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 1 and 3).	00100	Inpatient Amount	444,802.	
05100	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 2 and 4).	00100	Inpatient Amount	47,729.	
05200	Total Program Excluded Cost (Sum of Lines 50 and 51)	00100	Inpatient Amount	492,531.	
05300	Total program inpatient operating cost excluding captial related, nonphysician anesthetist and medical education cost (line 4	00100	Inpatient Amount	4,151,574.	
09000	Capital Related Cost	00100	Inpatient Amount	2,426,729.	
09000	Capital Related Cost	00200	Inpatient Days	21,155,262.	Days
09000	Capital Related Cost	00300	Average Per Diem	0.11	Per Diem
09100	Nursing School Cost	00200	Inpatient Days	21,155,262.	Days
09200	Allied Health Cost	00200	Inpatient Days	21,155,262.	Days
09300	All Other Medical Education	00200	Inpatient Days	21,155,262.	Days
D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	121,700,155.	
03100	Intensive Care Unit	00200	Inpatient Charges	30,437,902.	
04000	Subprovider - IPF	00200	Inpatient Charges	102,563.	

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
05000	Operating Room	00100	Cost to Charge Ratio	0.068390	CC Ratio
05000	Operating Room	00200	Inpatient Charges	92,708,192.	
05000	Operating Room	00300	Inpatient Cost	6,340,313.	
05000	Operating Room	00100	Cost to Charge Ratio	0.083230	CC Ratio
05000	Operating Room	00200	Inpatient Charges	23,352,131.	05001
05000	Operating Room	00300	Inpatient Cost	1,943,598.	05001
05100	Recovery Room	00100	Cost to Charge Ratio	0.045458	CC Ratio
05100	Recovery Room	00200	Inpatient Charges	18,518,993.	
05100	Recovery Room	00300	Inpatient Cost	841,836.	
05200	Delivery Room and Labor Room	00100	Cost to Charge Ratio	0.576943	CC Ratio
05200	Delivery Room and Labor Room	00200	Inpatient Charges	45,399.	
05200	Delivery Room and Labor Room	00300	Inpatient Cost	26,193.	
05300	Anesthesiology	00100	Cost to Charge Ratio	0.012376	CC Ratio
05300	Anesthesiology	00200	Inpatient Charges	28,094,227.	
05300	Anesthesiology	00300	Inpatient Cost	347,694.	
05400	Radiology - Diagnositc	00100	Cost to Charge Ratio	0.041754	CC Ratio
05400	Radiology - Diagnositc	00200	Inpatient Charges	54,897,694.	
05400	Radiology - Diagnositc	00300	Inpatient Cost	2,292,198.	
05400	Radiology - Diagnositc	00100	Cost to Charge Ratio	0.137109	CC Ratio
05400	Radiology - Diagnositc	00200	Inpatient Charges	88,902.	05401
05400	Radiology - Diagnositc	00300	Inpatient Cost	12,189.	05401
05500	Radiology - Therapeutic	00100	Cost to Charge Ratio	0.173649	CC Ratio
05500	Radiology - Therapeutic	00200	Inpatient Charges	168,726.	
05500	Radiology - Therapeutic	00300	Inpatient Cost	29,299.	
05600	Radioisotope	00100	Cost to Charge Ratio	0.055573	CC Ratio
05600	Radioisotope	00200	Inpatient Charges	4,434,494.	
05600	Radioisotope	00300	Inpatient Cost	246,438.	
05700	Computer Tomography (CT) Scan	00100	Cost to Charge Ratio	0.007925	CC Ratio
05700	Computer Tomography (CT) Scan	00200	Inpatient Charges	106,041,820.	
05700	Computer Tomography (CT) Scan	00300	Inpatient Cost	840,381.	
05800	Magnetic Resonance Imaging (MRI)	00100	Cost to Charge Ratio	0.060237	CC Ratio
05800	Magnetic Resonance Imaging (MRI)	00200	Inpatient Charges	6,849,776.	
05800	Magnetic Resonance Imaging (MRI)	00300	Inpatient Cost	412,610.	
05900	Cardiac Catheterization	00100	Cost to Charge Ratio	0.038662	CC Ratio

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
05900	Cardiac Catheterization	00200	Inpatient Charges	70,587,317.	
05900	Cardiac Catheterization	00300	Inpatient Cost	2,729,047.	
06000	Laboratory	00100	Cost to Charge Ratio	0.025581	CC Ratio
06000	Laboratory	00200	Inpatient Charges	126,432,464.	
06000	Laboratory	00300	Inpatient Cost	3,234,269.	
06300	Blood Storing, Processing and Transportation	00100	Cost to Charge Ratio	0.117006	CC Ratio
06300	Blood Storing, Processing and Transportation	00200	Inpatient Charges	6,184,525.	
06300	Blood Storing, Processing and Transportation	00300	Inpatient Cost	723,627.	
06500	Respiratory Therapy	00100	Cost to Charge Ratio	0.095112	CC Ratio
06500	Respiratory Therapy	00200	Inpatient Charges	24,906,605.	
06500	Respiratory Therapy	00300	Inpatient Cost	2,368,917.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.129304	CC Ratio
06600	Physical Therapy	00200	Inpatient Charges	13,292,876.	
06600	Physical Therapy	00300	Inpatient Cost	1,718,822.	
06800	Speech Pathology	00100	Cost to Charge Ratio	0.085480	CC Ratio
06800	Speech Pathology	00200	Inpatient Charges	3,248,480.	
06800	Speech Pathology	00300	Inpatient Cost	277,680.	
06900	Electrocardiology	00100	Cost to Charge Ratio	0.026040	CC Ratio
06900	Electrocardiology	00200	Inpatient Charges	21,659,611.	
06900	Electrocardiology	00300	Inpatient Cost	564,016.	
07000	Electroencephalography	00100	Cost to Charge Ratio	0.111881	CC Ratio
07000	Electroencephalography	00200	Inpatient Charges	165,309.	
07000	Electroencephalography	00300	Inpatient Cost	18,495.	
07100	Medical Supplies Charged to Patients	00100	Cost to Charge Ratio	0.143360	CC Ratio
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	49,119,020.	
07100	Medical Supplies Charged to Patients	00300	Inpatient Cost	7,041,703.	
07200	Implantable Devices Charged to Patients	00100	Cost to Charge Ratio	0.529894	CC Ratio
07200	Implantable Devices Charged to Patients	00200	Inpatient Charges	32,551,429.	
07200	Implantable Devices Charged to Patients	00300	Inpatient Cost	17,248,807.	
07300	Drugs Charged to Patients	00100	Cost to Charge Ratio	0.067427	CC Ratio
07300	Drugs Charged to Patients	00200	Inpatient Charges	134,845,540.	
07300	Drugs Charged to Patients	00300	Inpatient Cost	9,092,230.	
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.066692	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	160,817.	07602

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
07600	Other Ancillary Cost	00300	Inpatient Cost	10,725.	07602
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.193742	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	5,208,756.	07603
07600	Other Ancillary Cost	00300	Inpatient Cost	1,009,155.	07603
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.658803	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	1,577.	07604
07600	Other Ancillary Cost	00300	Inpatient Cost	1,039.	07604
09000	Clinic	00100	Cost to Charge Ratio	0.250492	CC Ratio
09000	Clinic	00200	Inpatient Charges	5,207.	09001
09000	Clinic	00300	Inpatient Cost	1,304.	09001
09100	Emergency	00100	Cost to Charge Ratio	0.083435	CC Ratio
09100	Emergency	00200	Inpatient Charges	31,930,036.	
09100	Emergency	00300	Inpatient Cost	2,664,083.	
09100	Emergency	00100	Cost to Charge Ratio	0.141748	CC Ratio
09100	Emergency	00200	Inpatient Charges	906.	09101
09100	Emergency	00300	Inpatient Cost	128.	09101
09200	Observation Beds	00100	Cost to Charge Ratio	0.337317	CC Ratio
09200	Observation Beds	00200	Inpatient Charges	1,882,497.	
09200	Observation Beds	00300	Inpatient Cost	634,998.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	857,383,326.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	62,671,794.	
20200	Worksheet D3 Net Charges (Lines 200 minus 201)	00200	Inpatient Charges	857,383,326.	
A19	Hospital Medicaid				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	34,848,220.	
03100	Intensive Care Unit	00200	Inpatient Charges	9,550,762.	
04000	Subprovider - IPF	00200	Inpatient Charges	3,648,624.	
04300	Nursery	00200	Inpatient Charges	357,738.	
05000	Operating Room	00200	Inpatient Charges	17,482,463.	
05000	Operating Room	00200	Inpatient Charges	3,227,830.	05001
05100	Recovery Room	00200	Inpatient Charges	3,517,747.	
05200	Delivery Room and Labor Room	00200	Inpatient Charges	2,663,440.	
05300	Anesthesiology	00200	Inpatient Charges	4,822,364.	
05400	Radiology - Diagnostc	00200	Inpatient Charges	15,691,050.	

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
05500	Radiology - Therapeutic	00200	Inpatient Charges	192,496.	
05600	Radioisotope	00200	Inpatient Charges	833,729.	
05700	Computer Tomography (CT) Scan	00200	Inpatient Charges	24,913,302.	
05800	Magnetic Resonance Imaging (MRI)	00200	Inpatient Charges	2,330,141.	
05900	Cardiac Catheterization	00200	Inpatient Charges	7,056,317.	
06000	Laboratory	00200	Inpatient Charges	35,201,392.	
06300	Blood Storing, Processing and Transportation	00200	Inpatient Charges	1,703,089.	
06500	Respiratory Therapy	00200	Inpatient Charges	6,162,924.	
06600	Physical Therapy	00200	Inpatient Charges	2,403,112.	
06800	Speech Pathology	00200	Inpatient Charges	860,738.	
06900	Electrocardiology	00200	Inpatient Charges	3,364,028.	
07000	Electroencephalography	00200	Inpatient Charges	56,582.	
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	7,844,606.	
07200	Implantable Devices Charged to Patients	00200	Inpatient Charges	2,256,212.	
07300	Drugs Charged to Patients	00200	Inpatient Charges	45,398,345.	
07600	Other Ancillary Cost	00200	Inpatient Charges	1,338,446.	07603
09100	Emergency	00200	Inpatient Charges	6,263,067.	
09200	Observation Beds	00200	Inpatient Charges	473,052.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	196,056,472.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	13,046,591.	
B18	IPF Medicare				
04000	Subprovider - IPF	00200	Inpatient Charges	28,928,569.	
05000	Operating Room	00100	Cost to Charge Ratio	0.068390	CC Ratio
05000	Operating Room	00100	Cost to Charge Ratio	0.083230	CC Ratio
05100	Recovery Room	00100	Cost to Charge Ratio	0.045458	CC Ratio
05100	Recovery Room	00200	Inpatient Charges	272,033.	
05100	Recovery Room	00300	Inpatient Cost	12,366.	
05200	Delivery Room and Labor Room	00100	Cost to Charge Ratio	0.576943	CC Ratio
05300	Anesthesiology	00100	Cost to Charge Ratio	0.012376	CC Ratio
05300	Anesthesiology	00200	Inpatient Charges	340,224.	
05300	Anesthesiology	00300	Inpatient Cost	4,211.	
05400	Radiology - Diagnostc	00100	Cost to Charge Ratio	0.041754	CC Ratio
05400	Radiology - Diagnostc	00200	Inpatient Charges	592,229.	
05400	Radiology - Diagnostc	00300	Inpatient Cost	24,728.	

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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

D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
05400	Radiology - Diagnositc	00100	Cost to Charge Ratio	0.137109	CC Ratio
05400	Radiology - Diagnositc	00200	Inpatient Charges	29.	05401
05400	Radiology - Diagnositc	00300	Inpatient Cost	4.	05401
05500	Radiology - Therapeutic	00100	Cost to Charge Ratio	0.173649	CC Ratio
05600	Radioisotope	00100	Cost to Charge Ratio	0.055573	CC Ratio
05700	Computer Tomography (CT) Scan	00100	Cost to Charge Ratio	0.007925	CC Ratio
05700	Computer Tomography (CT) Scan	00200	Inpatient Charges	1,413,212.	
05700	Computer Tomography (CT) Scan	00300	Inpatient Cost	11,200.	
05800	Magnetic Resonance Imaging (MRI)	00100	Cost to Charge Ratio	0.060237	CC Ratio
05800	Magnetic Resonance Imaging (MRI)	00200	Inpatient Charges	31,900.	
05800	Magnetic Resonance Imaging (MRI)	00300	Inpatient Cost	1,922.	
05900	Cardiac Catheterization	00100	Cost to Charge Ratio	0.038662	CC Ratio
05900	Cardiac Catheterization	00200	Inpatient Charges	44,154.	
05900	Cardiac Catheterization	00300	Inpatient Cost	1,707.	
06000	Laboratory	00100	Cost to Charge Ratio	0.025581	CC Ratio
06000	Laboratory	00200	Inpatient Charges	4,700,956.	
06000	Laboratory	00300	Inpatient Cost	120,255.	
06300	Blood Storing, Processing and Transportation	00100	Cost to Charge Ratio	0.117006	CC Ratio
06300	Blood Storing, Processing and Transportation	00200	Inpatient Charges	6,097.	
06300	Blood Storing, Processing and Transportation	00300	Inpatient Cost	713.	
06500	Respiratory Therapy	00100	Cost to Charge Ratio	0.095112	CC Ratio
06500	Respiratory Therapy	00200	Inpatient Charges	155,456.	
06500	Respiratory Therapy	00300	Inpatient Cost	14,786.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.129304	CC Ratio
06600	Physical Therapy	00200	Inpatient Charges	111,833.	
06600	Physical Therapy	00300	Inpatient Cost	14,460.	
06800	Speech Pathology	00100	Cost to Charge Ratio	0.085480	CC Ratio
06800	Speech Pathology	00200	Inpatient Charges	3,438.	
06800	Speech Pathology	00300	Inpatient Cost	294.	
06900	Electrocardiology	00100	Cost to Charge Ratio	0.026040	CC Ratio
06900	Electrocardiology	00200	Inpatient Charges	160,600.	
06900	Electrocardiology	00300	Inpatient Cost	4,182.	
07000	Electroencephalography	00100	Cost to Charge Ratio	0.111881	CC Ratio
07100	Medical Supplies Charged to Patients	00100	Cost to Charge Ratio	0.143360	CC Ratio

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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

D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	25,560.	
07100	Medical Supplies Charged to Patients	00300	Inpatient Cost	3,664.	
07200	Implantable Devices Charged to Patients	00100	Cost to Charge Ratio	0.529894	CC Ratio
07300	Drugs Charged to Patients	00100	Cost to Charge Ratio	0.067427	CC Ratio
07300	Drugs Charged to Patients	00200	Inpatient Charges	4,178,472.	
07300	Drugs Charged to Patients	00300	Inpatient Cost	281,742.	
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.066692	CC Ratio
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.193742	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	50,274.	07603
07600	Other Ancillary Cost	00300	Inpatient Cost	9,740.	07603
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.658803	CC Ratio
09000	Clinic	00100	Cost to Charge Ratio	0.250492	CC Ratio
09000	Clinic	00200	Inpatient Charges	28,830.	09001
09000	Clinic	00300	Inpatient Cost	7,222.	09001
09100	Emergency	00100	Cost to Charge Ratio	0.083435	CC Ratio
09100	Emergency	00200	Inpatient Charges	2,286,713.	
09100	Emergency	00300	Inpatient Cost	190,792.	
09100	Emergency	00100	Cost to Charge Ratio	0.141748	CC Ratio
09100	Emergency	00200	Inpatient Charges	18.	09101
09100	Emergency	00300	Inpatient Cost	3.	09101
09200	Observation Beds	00100	Cost to Charge Ratio	0.337317	CC Ratio
09200	Observation Beds	00200	Inpatient Charges	185,593.	
09200	Observation Beds	00300	Inpatient Cost	62,604.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	14,587,621.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	766,595.	
20200	Worksheet D3 Net Charges (Lines 200 minus 201)	00200	Inpatient Charges	14,587,621.	

100130 LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430

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

D00	Wkst D Apportionment of Costs				
1	Part 1 - Apportionment of Inpatient Routine - Service Capital Costs				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00100	Capital Related Cost	873,459.	

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

D00	Wkst D Apportionment of Costs				
1	Part 1 - Apportionment of Inpatient Routine - Service Capital Costs				
03000	Adults and Pediatrics - General Routine Care	00300	Net Capital Related Cost	873,459.	
03000	Adults and Pediatrics - General Routine Care	00400	Total Patient Days	8,072.	Days
03000	Adults and Pediatrics - General Routine Care	00500	Per Diem	108.21	Per Diem
03000	Adults and Pediatrics - General Routine Care	00600	Inpatient Program Days	955.	Days
03000	Adults and Pediatrics - General Routine Care	00700	Inpatient Capital Cost	103,341.	
03100	Intensive Care Unit	00100	Capital Related Cost	186,552.	
03100	Intensive Care Unit	00300	Net Capital Related Cost	186,552.	
03100	Intensive Care Unit	00400	Total Patient Days	745.	Days
03100	Intensive Care Unit	00500	Per Diem	250.41	Per Diem
03100	Intensive Care Unit	00600	Inpatient Program Days	266.	Days
03100	Intensive Care Unit	00700	Inpatient Capital Cost	66,609.	
04300	Nursery	00100	Capital Related Cost	27,005.	
04300	Nursery	00300	Net Capital Related Cost	27,005.	
04300	Nursery	00400	Total Patient Days	569.	Days
04300	Nursery	00500	Per Diem	47.46	Per Diem
20000	Worksheet D Part 1 Total (Lines 30-199)	00100	Capital Related Cost	1,087,016.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00300	Net Capital Related Cost	1,087,016.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00400	Total Patient Days	9,386.	Days
20000	Worksheet D Part 1 Total (Lines 30-199)	00600	Inpatient Program Days	1,221.	Days
20000	Worksheet D Part 1 Total (Lines 30-199)	00700	Inpatient Capital Cost	169,950.	
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
A18	Hospital Medicare				
05000	Operating Room	00100	Capital Related Cost	507,219.	
05000	Operating Room	00200	Total Charges	3,688,180.	
05000	Operating Room	00300	Cost to Charge Ratio	0.137526	Ratio
05000	Operating Room	00400	Inpatient Charges	262,857.	
05000	Operating Room	00500	Capital Costs	36,150.	
05200	Delivery Room and Labor Room	00100	Capital Related Cost	319,721.	
05200	Delivery Room and Labor Room	00200	Total Charges	1,323,610.	
05200	Delivery Room and Labor Room	00300	Cost to Charge Ratio	0.241552	Ratio
05400	Radiology - Diagnositc	00100	Capital Related Cost	289,029.	
05400	Radiology - Diagnositc	00200	Total Charges	19,531,270.	
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.014798	Ratio

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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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05400	Radiology - Diagnositc	00400	Inpatient Charges	703,520.	
05400	Radiology - Diagnositc	00500	Capital Costs	10,411.	
06000	Laboratory	00100	Capital Related Cost	128,372.	
06000	Laboratory	00200	Total Charges	28,707,480.	
06000	Laboratory	00300	Cost to Charge Ratio	0.004472	Ratio
06000	Laboratory	00400	Inpatient Charges	2,187,091.	
06000	Laboratory	00500	Capital Costs	9,781.	
06500	Respiratory Therapy	00100	Capital Related Cost	489,253.	
06500	Respiratory Therapy	00200	Total Charges	10,804,663.	
06500	Respiratory Therapy	00300	Cost to Charge Ratio	0.045282	Ratio
06500	Respiratory Therapy	00400	Inpatient Charges	2,150,687.	
06500	Respiratory Therapy	00500	Capital Costs	97,387.	
06600	Physical Therapy	00100	Capital Related Cost	17,614.	
06600	Physical Therapy	00200	Total Charges	301,604.	
06600	Physical Therapy	00300	Cost to Charge Ratio	0.058401	Ratio
06600	Physical Therapy	00400	Inpatient Charges	43,524.	
06600	Physical Therapy	00500	Capital Costs	2,542.	
07100	Medical Supplies Charged to Patients	00100	Capital Related Cost	106,803.	
07100	Medical Supplies Charged to Patients	00200	Total Charges	8,256,098.	
07100	Medical Supplies Charged to Patients	00300	Cost to Charge Ratio	0.012936	Ratio
07100	Medical Supplies Charged to Patients	00400	Inpatient Charges	767,585.	
07100	Medical Supplies Charged to Patients	00500	Capital Costs	9,929.	
07300	Drugs Charged to Patients	00100	Capital Related Cost	89,219.	
07300	Drugs Charged to Patients	00200	Total Charges	21,511,524.	
07300	Drugs Charged to Patients	00300	Cost to Charge Ratio	0.004147	Ratio
07300	Drugs Charged to Patients	00400	Inpatient Charges	2,210,356.	
07300	Drugs Charged to Patients	00500	Capital Costs	9,166.	
07400	Renal Dialysis	00100	Capital Related Cost	6,788.	
07400	Renal Dialysis	00200	Total Charges	2,135,685.	
07400	Renal Dialysis	00300	Cost to Charge Ratio	0.003178	Ratio
07400	Renal Dialysis	00400	Inpatient Charges	404,916.	
07400	Renal Dialysis	00500	Capital Costs	1,287.	
09100	Emergency	00100	Capital Related Cost	349,473.	

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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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
09100	Emergency	00200	Total Charges	23,863,446.	
09100	Emergency	00300	Cost to Charge Ratio	0.014645	Ratio
09100	Emergency	00400	Inpatient Charges	608,815.	
09100	Emergency	00500	Capital Costs	8,916.	
09200	Observation Beds	00100	Capital Related Cost	409,784.	
09200	Observation Beds	00200	Total Charges	3,201,195.	
09200	Observation Beds	00300	Cost to Charge Ratio	0.128010	Ratio
09200	Observation Beds	00400	Inpatient Charges	81,847.	
09200	Observation Beds	00500	Capital Costs	10,477.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00100	Capital Related Cost	2,713,275.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00200	Total Charges	123,324,755.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00400	Inpatient Charges	9,421,198.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00500	Capital Costs	196,046.	
3	Part 3 - Apportionment of Inpatient Routine Service - Other Pass Through Cost				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00600	Total Patient Days	8,072.	Days
03000	Adults and Pediatrics - General Routine Care	00800	Program Inpatient Days	955.	Days
03100	Intensive Care Unit	00600	Total Patient Days	745.	Days
03100	Intensive Care Unit	00800	Program Inpatient Days	266.	Days
04300	Nursery	00600	Total Patient Days	569.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00600	Total Patient Days	9,386.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00800	Program Inpatient Days	1,221.	Days
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
A18	Hospital Medicare				
05000	Operating Room	00700	Total Charges	3,688,180.	
05000	Operating Room	01000	Inpatient Charges	262,857.	
05000	Operating Room	01200	Outpatient Charges	60,919.	
05200	Delivery Room and Labor Room	00700	Total Charges	1,323,610.	
05200	Delivery Room and Labor Room	01200	Outpatient Charges	1,145.	
05400	Radiology - Diagnostc	00700	Total Charges	19,531,270.	
05400	Radiology - Diagnostc	01000	Inpatient Charges	703,520.	
05400	Radiology - Diagnostc	01200	Outpatient Charges	1,722,026.	

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

D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
06000	Laboratory	00700	Total Charges	28,707,480.	
06000	Laboratory	01000	Inpatient Charges	2,187,091.	
06000	Laboratory	01200	Outpatient Charges	2,022,060.	
06500	Respiratory Therapy	00700	Total Charges	10,804,663.	
06500	Respiratory Therapy	01000	Inpatient Charges	2,150,687.	
06500	Respiratory Therapy	01200	Outpatient Charges	669,621.	
06600	Physical Therapy	00700	Total Charges	301,604.	
06600	Physical Therapy	01000	Inpatient Charges	43,524.	
06600	Physical Therapy	01200	Outpatient Charges	3,267.	
07100	Medical Supplies Charged to Patients	00700	Total Charges	8,256,098.	
07100	Medical Supplies Charged to Patients	01000	Inpatient Charges	767,585.	
07100	Medical Supplies Charged to Patients	01200	Outpatient Charges	529,963.	
07300	Drugs Charged to Patients	00700	Total Charges	21,511,524.	
07300	Drugs Charged to Patients	01000	Inpatient Charges	2,210,356.	
07300	Drugs Charged to Patients	01200	Outpatient Charges	1,248,463.	
07400	Renal Dialysis	00700	Total Charges	2,135,685.	
07400	Renal Dialysis	01000	Inpatient Charges	404,916.	
07400	Renal Dialysis	01200	Outpatient Charges	293,811.	
09100	Emergency	00700	Total Charges	23,863,446.	
09100	Emergency	01000	Inpatient Charges	608,815.	
09100	Emergency	01200	Outpatient Charges	1,656,008.	
09200	Observation Beds	00700	Total Charges	3,201,195.	
09200	Observation Beds	01000	Inpatient Charges	81,847.	
09200	Observation Beds	01200	Outpatient Charges	355,151.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00700	Total Charges	123,324,755.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01000	Inpatient Charges	9,421,198.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01200	Outpatient Charges	8,562,434.	
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
A18	Hospital Medicare				
05000	Operating Room	00100	CC Ratio Wkst C Part 1	0.909642	CC Ratio
05000	Operating Room	00200	PPS Reimbrused Services	60,919.	Charges

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

D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
05000	Operating Room	00500	PPS Reimbrused Services	55,414.	Cost
05200	Delivery Room and Labor Room	00100	CC Ratio Wkst C Part 1	0.949502	CC Ratio
05200	Delivery Room and Labor Room	00200	PPS Reimbrused Services	1,145.	Charges
05200	Delivery Room and Labor Room	00500	PPS Reimbrused Services	1,087.	Cost
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.214933	CC Ratio
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	1,722,026.	Charges
05400	Radiology - Diagnositc	00500	PPS Reimbrused Services	370,120.	Cost
06000	Laboratory	00100	CC Ratio Wkst C Part 1	0.131064	CC Ratio
06000	Laboratory	00200	PPS Reimbrused Services	2,022,060.	Charges
06000	Laboratory	00500	PPS Reimbrused Services	265,019.	Cost
06500	Respiratory Therapy	00100	CC Ratio Wkst C Part 1	0.299194	CC Ratio
06500	Respiratory Therapy	00200	PPS Reimbrused Services	669,621.	Charges
06500	Respiratory Therapy	00500	PPS Reimbrused Services	200,347.	Cost
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.820666	CC Ratio
06600	Physical Therapy	00200	PPS Reimbrused Services	3,267.	Charges
06600	Physical Therapy	00500	PPS Reimbrused Services	2,681.	Cost
07100	Medical Supplies Charged to Patients	00100	CC Ratio Wkst C Part 1	0.265064	CC Ratio
07100	Medical Supplies Charged to Patients	00200	PPS Reimbrused Services	529,963.	Charges
07100	Medical Supplies Charged to Patients	00500	PPS Reimbrused Services	140,474.	Cost
07300	Drugs Charged to Patients	00100	CC Ratio Wkst C Part 1	0.146590	CC Ratio
07300	Drugs Charged to Patients	00200	PPS Reimbrused Services	1,248,463.	Charges
07300	Drugs Charged to Patients	00400	Cost Reimb Svcs - No Co-I	10,411.	Charges

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100130 LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430

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

D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
07300	Drugs Charged to Patients	00500	PPS Reimbrused Services	183,012.	Cost
07300	Drugs Charged to Patients	00700	Cost Reimb Svcs - No Co-I	1,526.	Cost
07400	Renal Dialysis	00100	CC Ratio Wkst C Part 1	0.222771	CC Ratio
07400	Renal Dialysis	00200	PPS Reimbrused Services	293,811.	Charges
07400	Renal Dialysis	00500	PPS Reimbrused Services	65,453.	Cost
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.210690	CC Ratio
09100	Emergency	00200	PPS Reimbrused Services	1,656,008.	Charges
09100	Emergency	00300	Cost Reimb Svcs - Co-Ins	1,569.	Charges
09100	Emergency	00500	PPS Reimbrused Services	348,904.	Cost
09100	Emergency	00600	Cost Reimb Svcs - Co-Ins	331.	Cost
09200	Observation Beds	00100	CC Ratio Wkst C Part 1	1.625353	CC Ratio
09200	Observation Beds	00200	PPS Reimbrused Services	355,151.	Charges
09200	Observation Beds	00500	PPS Reimbrused Services	577,246.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00200	PPS Reimbrused Services	8,562,434.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00300	Cost Reimb Svcs - Co-Ins	1,569.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00400	Cost Reimb Svcs - No Co-I	10,411.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00500	PPS Reimbrused Services	2,209,757.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00600	Cost Reimb Svcs - Co-Ins	331.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00700	Cost Reimb Svcs - No Co-I	1,526.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00200	PPS Reimbrused Services	8,562,434.	Charges

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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

D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00300	Cost Reimb Svcs - Co-Ins	1,569.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00400	Cost Reimb Svcs - No Co-I	10,411.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00500	PPS Reimbrused Services	2,209,757.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00600	Cost Reimb Svcs - Co-Ins	331.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00700	Cost Reimb Svcs - No Co-I	1,526.	Cost
D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
A18	Hospital Medicare				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	8,072.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	8,072.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	4,285.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	955.	Days
02100	Total General Inpatient Routine Service Cost	00100	Inpatient Amount	11,090,377.	
02700	General Inpatient Routine Service Cost Net of Swing-Bed Cost (Line 21 Minus Line 26).	00100	Inpatient Amount	11,090,377.	
03700	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	11,090,377.	
03800	Adjusted General Inpatient Routine Service Cost Per Diem	00100	Inpatient Amount	1,373.93	Per Diem
03900	Program General Inpatient Routine Service Cost (Line 9 Times Line 38)	00100	Inpatient Amount	1,312,103.	
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	1,312,103.	
04300	Intensive Care Unit	00100	Inpatient Amount	2,496,650.	
04300	Intensive Care Unit	00200	Inpatient Days	745.	Days

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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

D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
04300	Intensive Care Unit	00300	Average Per Diem	3,351.21	Per Diem
04300	Intensive Care Unit	00400	Program Days	266.	Days
04300	Intensive Care Unit	00500	Program Cost	891,422.	
04800	Program Inpatient Ancillary Service Cost (Worksteet D-4 Column 03 Line 101)	00100	Inpatient Amount	2,235,773.	
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	4,439,298.	
05000	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 1 and 3).	00100	Inpatient Amount	169,950.	
05100	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 2 and 4).	00100	Inpatient Amount	196,046.	
05200	Total Program Excluded Cost (Sum of Lines 50 and 51)	00100	Inpatient Amount	365,996.	
05300	Total program inpatient operating cost excluding captial related, nonphysician anesthetist and medical education cost (line 4	00100	Inpatient Amount	4,073,302.	
08700	Total Observation Bed Days	00100	Inpatient Amount	3,787.	Days
08800	Adjusted General Inpatient Routine Cost Per Diem (Line 27 Divided by Line 02)	00100	Inpatient Amount	1,373.93	Per Diem
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	5,203,073.	
09000	Capital Related Cost	00100	Inpatient Amount	873,459.	
09000	Capital Related Cost	00200	Inpatient Days	11,090,377.	Days
09000	Capital Related Cost	00300	Average Per Diem	0.08	Per Diem
09000	Capital Related Cost	00400	Program Days	5,203,073.	Days
09000	Capital Related Cost	00500	Program Cost	409,784.	
09100	Nursing School Cost	00200	Inpatient Days	11,090,377.	Days
09100	Nursing School Cost	00400	Program Days	5,203,073.	Days
09200	Allied Health Cost	00200	Inpatient Days	11,090,377.	Days
09200	Allied Health Cost	00400	Program Days	5,203,073.	Days
09300	All Other Medical Education	00200	Inpatient Days	11,090,377.	Days
09300	All Other Medical Education	00400	Program Days	5,203,073.	Days
A19	Hospital Medicaid				

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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

D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	8,072.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	8,072.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	4,285.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	329.	Days
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	805,069.	
08700	Total Observation Bed Days	00100	Inpatient Amount	3,787.	Days
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	5,203,073.	
D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	1,473,749.	
03100	Intensive Care Unit	00200	Inpatient Charges	492,970.	
05000	Operating Room	00100	Cost to Charge Ratio	0.909642	CC Ratio
05000	Operating Room	00200	Inpatient Charges	262,857.	
05000	Operating Room	00300	Inpatient Cost	239,106.	
05200	Delivery Room and Labor Room	00100	Cost to Charge Ratio	0.949502	CC Ratio
05400	Radiology - Diagnostc	00100	Cost to Charge Ratio	0.214933	CC Ratio
05400	Radiology - Diagnostc	00200	Inpatient Charges	703,520.	
05400	Radiology - Diagnostc	00300	Inpatient Cost	151,210.	
06000	Laboratory	00100	Cost to Charge Ratio	0.131355	CC Ratio
06000	Laboratory	00200	Inpatient Charges	2,187,091.	
06000	Laboratory	00300	Inpatient Cost	287,285.	
06500	Respiratory Therapy	00100	Cost to Charge Ratio	0.299194	CC Ratio
06500	Respiratory Therapy	00200	Inpatient Charges	2,150,687.	
06500	Respiratory Therapy	00300	Inpatient Cost	643,473.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.820666	CC Ratio
06600	Physical Therapy	00200	Inpatient Charges	43,524.	
06600	Physical Therapy	00300	Inpatient Cost	35,719.	
07100	Medical Supplies Charged to Patients	00100	Cost to Charge Ratio	0.265064	CC Ratio

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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

D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	767,585.	
07100	Medical Supplies Charged to Patients	00300	Inpatient Cost	203,459.	
07300	Drugs Charged to Patients	00100	Cost to Charge Ratio	0.146590	CC Ratio
07300	Drugs Charged to Patients	00200	Inpatient Charges	2,210,356.	
07300	Drugs Charged to Patients	00300	Inpatient Cost	324,016.	
07400	Renal Dialysis	00100	Cost to Charge Ratio	0.222771	CC Ratio
07400	Renal Dialysis	00200	Inpatient Charges	404,916.	
07400	Renal Dialysis	00300	Inpatient Cost	90,204.	
09100	Emergency	00100	Cost to Charge Ratio	0.210690	CC Ratio
09100	Emergency	00200	Inpatient Charges	608,815.	
09100	Emergency	00300	Inpatient Cost	128,271.	
09200	Observation Beds	00100	Cost to Charge Ratio	1.625353	CC Ratio
09200	Observation Beds	00200	Inpatient Charges	81,847.	
09200	Observation Beds	00300	Inpatient Cost	133,030.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	9,421,198.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	2,235,773.	
20200	Worksheet D3 Net Charges (Lines 200 minus 201)	00200	Inpatient Charges	9,421,198.	

100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

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

D00	Wkst D Apportionment of Costs				
1	Part 1 - Apportionment of Inpatient Routine - Service Capital Costs				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00100	Capital Related Cost	3,749,155.	
03000	Adults and Pediatrics - General Routine Care	00300	Net Capital Related Cost	3,749,155.	
03000	Adults and Pediatrics - General Routine Care	00400	Total Patient Days	89,920.	Days
03000	Adults and Pediatrics - General Routine Care	00500	Per Diem	41.69	Per Diem
03000	Adults and Pediatrics - General Routine Care	00600	Inpatient Program Days	43,084.	Days
03000	Adults and Pediatrics - General Routine Care	00700	Inpatient Capital Cost	1,796,172.	
03100	Intensive Care Unit	00100	Capital Related Cost	793,731.	
03100	Intensive Care Unit	00300	Net Capital Related Cost	793,731.	
03100	Intensive Care Unit	00400	Total Patient Days	7,344.	Days
03100	Intensive Care Unit	00500	Per Diem	108.08	Per Diem

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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

D00	Wkst D Apportionment of Costs				
1	Part 1 - Apportionment of Inpatient Routine - Service Capital Costs				
03100	Intensive Care Unit	00600	Inpatient Program Days	3,108.	Days
03100	Intensive Care Unit	00700	Inpatient Capital Cost	335,913.	
03100	Intensive Care Unit	00100	Capital Related Cost	88,736.	03101
03100	Intensive Care Unit	00300	Net Capital Related Cost	88,736.	03101
03100	Intensive Care Unit	00400	Total Patient Days	1,425.	Days
03100	Intensive Care Unit	00500	Per Diem	62.27	Per Diem
03400	Surgical Intensive Care Unit	00100	Capital Related Cost	234,298.	
03400	Surgical Intensive Care Unit	00300	Net Capital Related Cost	234,298.	
03400	Surgical Intensive Care Unit	00400	Total Patient Days	2,282.	Days
03400	Surgical Intensive Care Unit	00500	Per Diem	102.67	Per Diem
03400	Surgical Intensive Care Unit	00600	Inpatient Program Days	1,945.	Days
03400	Surgical Intensive Care Unit	00700	Inpatient Capital Cost	199,693.	
04300	Nursery	00100	Capital Related Cost	59,451.	
04300	Nursery	00300	Net Capital Related Cost	59,451.	
04300	Nursery	00400	Total Patient Days	5,183.	Days
04300	Nursery	00500	Per Diem	11.47	Per Diem
20000	Worksheet D Part 1 Total (Lines 30-199)	00100	Capital Related Cost	4,925,371.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00300	Net Capital Related Cost	4,925,371.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00400	Total Patient Days	106,154.	Days
20000	Worksheet D Part 1 Total (Lines 30-199)	00600	Inpatient Program Days	48,137.	Days
20000	Worksheet D Part 1 Total (Lines 30-199)	00700	Inpatient Capital Cost	2,331,778.	
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
A18	Hospital Medicare				
05000	Operating Room	00100	Capital Related Cost	3,338,915.	
05000	Operating Room	00200	Total Charges	168,677,927.	
05000	Operating Room	00300	Cost to Charge Ratio	0.019795	Ratio
05000	Operating Room	00400	Inpatient Charges	48,524,968.	
05000	Operating Room	00500	Capital Costs	960,552.	
05000	Operating Room	00100	Capital Related Cost	223,487.	05001
05000	Operating Room	00200	Total Charges	15,266,217.	05001
05000	Operating Room	00300	Cost to Charge Ratio	0.014639	Ratio
05000	Operating Room	00400	Inpatient Charges	2,494,353.	05001
05000	Operating Room	00500	Capital Costs	36,515.	05001

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100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05100	Recovery Room	00100	Capital Related Cost	199,156.	
05100	Recovery Room	00200	Total Charges	36,077,176.	
05100	Recovery Room	00300	Cost to Charge Ratio	0.005520	Ratio
05100	Recovery Room	00400	Inpatient Charges	7,127,145.	
05100	Recovery Room	00500	Capital Costs	39,342.	
05200	Delivery Room and Labor Room	00100	Capital Related Cost	839,182.	
05200	Delivery Room and Labor Room	00200	Total Charges	28,161,452.	
05200	Delivery Room and Labor Room	00300	Cost to Charge Ratio	0.029799	Ratio
05200	Delivery Room and Labor Room	00400	Inpatient Charges	33,573.	
05200	Delivery Room and Labor Room	00500	Capital Costs	1,000.	
05300	Anesthesiology	00100	Capital Related Cost	207,703.	
05300	Anesthesiology	00200	Total Charges	36,387,085.	
05300	Anesthesiology	00300	Cost to Charge Ratio	0.005708	Ratio
05300	Anesthesiology	00400	Inpatient Charges	10,115,112.	
05300	Anesthesiology	00500	Capital Costs	57,737.	
05400	Radiology - Diagnostc	00100	Capital Related Cost	2,287,652.	
05400	Radiology - Diagnostc	00200	Total Charges	107,869,579.	
05400	Radiology - Diagnostc	00300	Cost to Charge Ratio	0.021208	Ratio
05400	Radiology - Diagnostc	00400	Inpatient Charges	13,826,254.	
05400	Radiology - Diagnostc	00500	Capital Costs	293,227.	
05500	Radiology - Therapeutic	00100	Capital Related Cost	4,022,597.	
05500	Radiology - Therapeutic	00200	Total Charges	97,152,336.	
05500	Radiology - Therapeutic	00300	Cost to Charge Ratio	0.041405	Ratio
05500	Radiology - Therapeutic	00400	Inpatient Charges	122,301.	
05500	Radiology - Therapeutic	00500	Capital Costs	5,064.	
05600	Radioisotope	00100	Capital Related Cost	322,134.	
05600	Radioisotope	00200	Total Charges	31,694,709.	
05600	Radioisotope	00300	Cost to Charge Ratio	0.010164	Ratio
05600	Radioisotope	00400	Inpatient Charges	2,216,372.	
05600	Radioisotope	00500	Capital Costs	22,527.	
05700	Computer Tomography (CT) Scan	00100	Capital Related Cost	1,011,402.	
05700	Computer Tomography (CT) Scan	00200	Total Charges	111,004,860.	
05700	Computer Tomography (CT) Scan	00300	Cost to Charge Ratio	0.009111	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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05700	Computer Tomography (CT) Scan	00400	Inpatient Charges	19,335,242.	
05700	Computer Tomography (CT) Scan	00500	Capital Costs	176,163.	
05800	Magnetic Resonance Imaging (MRI)	00100	Capital Related Cost	703,973.	
05800	Magnetic Resonance Imaging (MRI)	00200	Total Charges	73,523,253.	
05800	Magnetic Resonance Imaging (MRI)	00300	Cost to Charge Ratio	0.009575	Ratio
05800	Magnetic Resonance Imaging (MRI)	00400	Inpatient Charges	6,068,653.	
05800	Magnetic Resonance Imaging (MRI)	00500	Capital Costs	58,107.	
05900	Cardiac Catheterization	00100	Capital Related Cost	1,477,949.	
05900	Cardiac Catheterization	00200	Total Charges	126,314,223.	
05900	Cardiac Catheterization	00300	Cost to Charge Ratio	0.011701	Ratio
05900	Cardiac Catheterization	00400	Inpatient Charges	27,916,367.	
05900	Cardiac Catheterization	00500	Capital Costs	326,649.	
06000	Laboratory	00100	Capital Related Cost	1,056,338.	
06000	Laboratory	00200	Total Charges	225,612,810.	
06000	Laboratory	00300	Cost to Charge Ratio	0.004682	Ratio
06000	Laboratory	00400	Inpatient Charges	63,146,919.	
06000	Laboratory	00500	Capital Costs	295,654.	
06300	Blood Storing, Processing and Transportation	00100	Capital Related Cost	117,231.	
06300	Blood Storing, Processing and Transportation	00200	Total Charges	22,286,494.	
06300	Blood Storing, Processing and Transportation	00300	Cost to Charge Ratio	0.005260	Ratio
06300	Blood Storing, Processing and Transportation	00400	Inpatient Charges	10,460,045.	
06300	Blood Storing, Processing and Transportation	00500	Capital Costs	55,020.	
06400	Intravenous Therapy	00100	Capital Related Cost	98,234.	
06400	Intravenous Therapy	00200	Total Charges	16,762,631.	
06400	Intravenous Therapy	00300	Cost to Charge Ratio	0.005860	Ratio
06400	Intravenous Therapy	00400	Inpatient Charges	3,979,636.	
06400	Intravenous Therapy	00500	Capital Costs	23,321.	
06500	Respiratory Therapy	00100	Capital Related Cost	337,593.	
06500	Respiratory Therapy	00200	Total Charges	27,529,829.	
06500	Respiratory Therapy	00300	Cost to Charge Ratio	0.012263	Ratio
06500	Respiratory Therapy	00400	Inpatient Charges	12,515,146.	
06500	Respiratory Therapy	00500	Capital Costs	153,473.	
06600	Physical Therapy	00100	Capital Related Cost	854,194.	

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100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
06600	Physical Therapy	00200	Total Charges	18,722,509.	
06600	Physical Therapy	00300	Cost to Charge Ratio	0.045624	Ratio
06600	Physical Therapy	00400	Inpatient Charges	3,967,362.	
06600	Physical Therapy	00500	Capital Costs	181,007.	
06700	Occupational Therapy	00100	Capital Related Cost	52,734.	
06700	Occupational Therapy	00200	Total Charges	2,547,113.	
06700	Occupational Therapy	00300	Cost to Charge Ratio	0.020703	Ratio
06700	Occupational Therapy	00400	Inpatient Charges	1,036,808.	
06700	Occupational Therapy	00500	Capital Costs	21,465.	
06800	Speech Pathology	00100	Capital Related Cost	83,157.	
06800	Speech Pathology	00200	Total Charges	4,071,058.	
06800	Speech Pathology	00300	Cost to Charge Ratio	0.020426	Ratio
06800	Speech Pathology	00400	Inpatient Charges	1,802,234.	
06800	Speech Pathology	00500	Capital Costs	36,812.	
06900	Electrocardiology	00100	Capital Related Cost	87,067.	
06900	Electrocardiology	00200	Total Charges	37,922,674.	
06900	Electrocardiology	00300	Cost to Charge Ratio	0.002296	Ratio
06900	Electrocardiology	00400	Inpatient Charges	12,829,470.	
06900	Electrocardiology	00500	Capital Costs	29,456.	
07000	Electroencephalography	00100	Capital Related Cost	80,900.	
07000	Electroencephalography	00200	Total Charges	3,250,959.	
07000	Electroencephalography	00300	Cost to Charge Ratio	0.024885	Ratio
07000	Electroencephalography	00400	Inpatient Charges	1,093,128.	
07000	Electroencephalography	00500	Capital Costs	27,202.	
07100	Medical Supplies Charged to Patients	00100	Capital Related Cost	427,118.	
07100	Medical Supplies Charged to Patients	00200	Total Charges	76,130,849.	
07100	Medical Supplies Charged to Patients	00300	Cost to Charge Ratio	0.005610	Ratio
07100	Medical Supplies Charged to Patients	00400	Inpatient Charges	19,920,193.	
07100	Medical Supplies Charged to Patients	00500	Capital Costs	111,752.	
07200	Implantable Devices Charged to Patients	00100	Capital Related Cost	983,915.	
07200	Implantable Devices Charged to Patients	00200	Total Charges	172,424,447.	
07200	Implantable Devices Charged to Patients	00300	Cost to Charge Ratio	0.005706	Ratio
07200	Implantable Devices Charged to Patients	00400	Inpatient Charges	66,889,162.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
07200	Implantable Devices Charged to Patients	00500	Capital Costs	381,670.	
07300	Drugs Charged to Patients	00100	Capital Related Cost	2,083,118.	
07300	Drugs Charged to Patients	00200	Total Charges	567,879,660.	
07300	Drugs Charged to Patients	00300	Cost to Charge Ratio	0.003668	Ratio
07300	Drugs Charged to Patients	00400	Inpatient Charges	54,025,158.	
07300	Drugs Charged to Patients	00500	Capital Costs	198,164.	
07400	Renal Dialysis	00100	Capital Related Cost	45,601.	
07400	Renal Dialysis	00200	Total Charges	6,247,119.	
07400	Renal Dialysis	00300	Cost to Charge Ratio	0.007300	Ratio
07400	Renal Dialysis	00400	Inpatient Charges	3,659,343.	
07400	Renal Dialysis	00500	Capital Costs	26,713.	
07600	Other Ancillary Cost	00100	Capital Related Cost	175,667.	07698
07600	Other Ancillary Cost	00200	Total Charges	8,998,220.	07698
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.019522	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	14,823.	07698
07600	Other Ancillary Cost	00500	Capital Costs	289.	07698
09000	Clinic	00100	Capital Related Cost	209,397.	
09000	Clinic	00200	Total Charges	996,185.	
09000	Clinic	00300	Cost to Charge Ratio	0.210199	Ratio
09000	Clinic	00400	Inpatient Charges	789.	
09000	Clinic	00500	Capital Costs	166.	
09000	Clinic	00100	Capital Related Cost	80,594.	09002
09000	Clinic	00200	Total Charges	4,102,532.	09002
09000	Clinic	00300	Cost to Charge Ratio	0.019645	Ratio
09000	Clinic	00400	Inpatient Charges	537.	09002
09000	Clinic	00500	Capital Costs	11.	09002
09100	Emergency	00100	Capital Related Cost	844,269.	
09100	Emergency	00200	Total Charges	97,306,640.	
09100	Emergency	00300	Cost to Charge Ratio	0.008676	Ratio
09100	Emergency	00400	Inpatient Charges	18,742,120.	
09100	Emergency	00500	Capital Costs	162,607.	
09200	Observation Beds	00100	Capital Related Cost	642,927.	
09200	Observation Beds	00200	Total Charges	18,491,855.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
05200	Delivery Room and Labor Room	01200	Outpatient Charges	161,264.	
05300	Anesthesiology	00700	Total Charges	36,387,085.	
05300	Anesthesiology	01000	Inpatient Charges	10,115,112.	
05300	Anesthesiology	01200	Outpatient Charges	5,420,062.	
05400	Radiology - Diagnositc	00700	Total Charges	107,869,579.	
05400	Radiology - Diagnositc	01000	Inpatient Charges	13,826,254.	
05400	Radiology - Diagnositc	01200	Outpatient Charges	27,461,965.	
05500	Radiology - Therapeutic	00700	Total Charges	97,152,336.	
05500	Radiology - Therapeutic	01000	Inpatient Charges	122,301.	
05500	Radiology - Therapeutic	01200	Outpatient Charges	55,548,915.	
05600	Radioisotope	00700	Total Charges	31,694,709.	
05600	Radioisotope	01000	Inpatient Charges	2,216,372.	
05600	Radioisotope	01200	Outpatient Charges	16,642,288.	
05700	Computer Tomography (CT) Scan	00700	Total Charges	111,004,860.	
05700	Computer Tomography (CT) Scan	01000	Inpatient Charges	19,335,242.	
05700	Computer Tomography (CT) Scan	01200	Outpatient Charges	41,494,973.	
05800	Magnetic Resonance Imaging (MRI)	00700	Total Charges	73,523,253.	
05800	Magnetic Resonance Imaging (MRI)	01000	Inpatient Charges	6,068,653.	
05800	Magnetic Resonance Imaging (MRI)	01200	Outpatient Charges	35,921,635.	
05900	Cardiac Catheterization	00700	Total Charges	126,314,223.	
05900	Cardiac Catheterization	01000	Inpatient Charges	27,916,367.	
05900	Cardiac Catheterization	01200	Outpatient Charges	41,761,140.	
06000	Laboratory	00700	Total Charges	225,612,810.	
06000	Laboratory	01000	Inpatient Charges	63,146,919.	
06000	Laboratory	01200	Outpatient Charges	38,814,469.	
06300	Blood Storing, Processing and Transportation	00700	Total Charges	22,286,494.	
06300	Blood Storing, Processing and Transportation	01000	Inpatient Charges	10,460,045.	
06300	Blood Storing, Processing and Transportation	01200	Outpatient Charges	4,910,687.	
06400	Intravenous Therapy	00700	Total Charges	16,762,631.	
06400	Intravenous Therapy	01000	Inpatient Charges	3,979,636.	
06400	Intravenous Therapy	01200	Outpatient Charges	5,955,891.	
06500	Respiratory Therapy	00700	Total Charges	27,529,829.	
06500	Respiratory Therapy	01000	Inpatient Charges	12,515,146.	

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

D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
06500	Respiratory Therapy	01200	Outpatient Charges	4,625,249.	
06600	Physical Therapy	00700	Total Charges	18,722,509.	
06600	Physical Therapy	01000	Inpatient Charges	3,967,362.	
06600	Physical Therapy	01200	Outpatient Charges	294,234.	
06700	Occupational Therapy	00700	Total Charges	2,547,113.	
06700	Occupational Therapy	01000	Inpatient Charges	1,036,808.	
06700	Occupational Therapy	01200	Outpatient Charges	47,326.	
06800	Speech Pathology	00700	Total Charges	4,071,058.	
06800	Speech Pathology	01000	Inpatient Charges	1,802,234.	
06800	Speech Pathology	01200	Outpatient Charges	68,477.	
06900	Electrocardiology	00700	Total Charges	37,922,674.	
06900	Electrocardiology	01000	Inpatient Charges	12,829,470.	
06900	Electrocardiology	01200	Outpatient Charges	8,800,313.	
07000	Electroencephalography	00700	Total Charges	3,250,959.	
07000	Electroencephalography	01000	Inpatient Charges	1,093,128.	
07000	Electroencephalography	01200	Outpatient Charges	503,654.	
07100	Medical Supplies Charged to Patients	00700	Total Charges	76,130,849.	
07100	Medical Supplies Charged to Patients	01000	Inpatient Charges	19,920,193.	
07100	Medical Supplies Charged to Patients	01200	Outpatient Charges	16,191,653.	
07200	Implantable Devices Charged to Patients	00700	Total Charges	172,424,447.	
07200	Implantable Devices Charged to Patients	01000	Inpatient Charges	66,889,162.	
07200	Implantable Devices Charged to Patients	01200	Outpatient Charges	29,980,723.	
07300	Drugs Charged to Patients	00300	Allied Health	841,373.	
07300	Drugs Charged to Patients	00500	Total Cost	841,373.	
07300	Drugs Charged to Patients	00600	Outpatient Cost	841,373.	
07300	Drugs Charged to Patients	00700	Total Charges	567,879,660.	
07300	Drugs Charged to Patients	00800	Inpatient Cost to Charge	0.001482	Ratio
07300	Drugs Charged to Patients	00900	Outpatient Cost to Charge	0.001482	Ratio
07300	Drugs Charged to Patients	01000	Inpatient Charges	54,025,158.	
07300	Drugs Charged to Patients	01100	Inpatient Pass Thru Cost	80,065.	
07300	Drugs Charged to Patients	01200	Outpatient Charges	294,044,752.	
07300	Drugs Charged to Patients	01300	Outpatient Pass Thru Cost	435,774.	

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

D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
07400	Renal Dialysis	00700	Total Charges	6,247,119.	
07400	Renal Dialysis	01000	Inpatient Charges	3,659,343.	
07400	Renal Dialysis	01200	Outpatient Charges	126,123.	
07600	Other Ancillary Cost	00700	Total Charges	8,998,220.	07698
07600	Other Ancillary Cost	01000	Inpatient Charges	14,823.	07698
07600	Other Ancillary Cost	01200	Outpatient Charges	5,347,151.	07698
09000	Clinic	00700	Total Charges	996,185.	
09000	Clinic	01000	Inpatient Charges	789.	
09000	Clinic	01200	Outpatient Charges	631,371.	
09000	Clinic	00700	Total Charges	4,102,532.	09002
09000	Clinic	01000	Inpatient Charges	537.	09002
09000	Clinic	01200	Outpatient Charges	2,099,046.	09002
09100	Emergency	00700	Total Charges	97,306,640.	
09100	Emergency	01000	Inpatient Charges	18,742,120.	
09100	Emergency	01200	Outpatient Charges	19,650,432.	
09200	Observation Beds	00700	Total Charges	18,491,855.	
09200	Observation Beds	01000	Inpatient Charges	1,375,350.	
09200	Observation Beds	01200	Outpatient Charges	4,851,315.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00300	Allied Health	841,373.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00500	Total Cost	841,373.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00600	Outpatient Cost	841,373.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00700	Total Charges	2,143,412,401.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01000	Inpatient Charges	413,238,563.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01100	Inpatient Pass Thru Cost	80,065.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01200	Outpatient Charges	702,324,658.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01300	Outpatient Pass Thru Cost	435,774.	
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
A18	Hospital Medicare				
05000	Operating Room	00100	CC Ratio Wkst C Part 1	0.202240	CC Ratio
05000	Operating Room	00200	PPS Reimbrused Services	27,957,885.	Charges
05000	Operating Room	00500	PPS Reimbrused Services	5,654,203.	Cost

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

D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
05000	Operating Room	00100	CC Ratio Wkst C Part 1	0.269347	CC Ratio
05000	Operating Room	00200	PPS Reimbrused Services	4,523,753.	Charges
05000	Operating Room	00500	PPS Reimbrused Services	1,218,459.	Cost
05100	Recovery Room	00100	CC Ratio Wkst C Part 1	0.167612	CC Ratio
05100	Recovery Room	00200	PPS Reimbrused Services	8,487,912.	Charges
05100	Recovery Room	00500	PPS Reimbrused Services	1,422,676.	Cost
05200	Delivery Room and Labor Room	00100	CC Ratio Wkst C Part 1	0.430797	CC Ratio
05200	Delivery Room and Labor Room	00200	PPS Reimbrused Services	161,264.	Charges
05200	Delivery Room and Labor Room	00500	PPS Reimbrused Services	69,472.	Cost
05300	Anesthesiology	00100	CC Ratio Wkst C Part 1	0.047204	CC Ratio
05300	Anesthesiology	00200	PPS Reimbrused Services	5,420,062.	Charges
05300	Anesthesiology	00500	PPS Reimbrused Services	255,849.	Cost
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.132509	CC Ratio
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	27,461,965.	Charges
05400	Radiology - Diagnositc	00500	PPS Reimbrused Services	3,638,958.	Cost
05500	Radiology - Therapeutic	00100	CC Ratio Wkst C Part 1	0.297647	CC Ratio
05500	Radiology - Therapeutic	00200	PPS Reimbrused Services	55,548,915.	Charges
05500	Radiology - Therapeutic	00500	PPS Reimbrused Services	16,533,968.	Cost
05600	Radioisotope	00100	CC Ratio Wkst C Part 1	0.141540	CC Ratio
05600	Radioisotope	00200	PPS Reimbrused Services	16,642,288.	Charges
05600	Radioisotope	00500	PPS Reimbrused Services	2,355,549.	Cost
05700	Computer Tomography (CT) Scan	00100	CC Ratio Wkst C Part 1	0.050837	CC Ratio

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

D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
05700	Computer Tomography (CT) Scan	00200	PPS Reimbrused Services	41,494,973.	Charges
05700	Computer Tomography (CT) Scan	00500	PPS Reimbrused Services	2,109,480.	Cost
05800	Magnetic Resonance Imaging (MRI)	00100	CC Ratio Wkst C Part 1	0.079454	CC Ratio
05800	Magnetic Resonance Imaging (MRI)	00200	PPS Reimbrused Services	35,921,635.	Charges
05800	Magnetic Resonance Imaging (MRI)	00500	PPS Reimbrused Services	2,854,118.	Cost
05900	Cardiac Catheterization	00100	CC Ratio Wkst C Part 1	0.063493	CC Ratio
05900	Cardiac Catheterization	00200	PPS Reimbrused Services	41,761,140.	Charges
05900	Cardiac Catheterization	00500	PPS Reimbrused Services	2,651,540.	Cost
06000	Laboratory	00100	CC Ratio Wkst C Part 1	0.086322	CC Ratio
06000	Laboratory	00200	PPS Reimbrused Services	38,814,469.	Charges
06000	Laboratory	00500	PPS Reimbrused Services	3,350,543.	Cost
06300	Blood Storing, Processing and Transportation	00100	CC Ratio Wkst C Part 1	0.252516	CC Ratio
06300	Blood Storing, Processing and Transportation	00200	PPS Reimbrused Services	4,910,687.	Charges
06300	Blood Storing, Processing and Transportation	00500	PPS Reimbrused Services	1,240,027.	Cost
06400	Intravenous Therapy	00100	CC Ratio Wkst C Part 1	0.093108	CC Ratio
06400	Intravenous Therapy	00200	PPS Reimbrused Services	5,955,891.	Charges
06400	Intravenous Therapy	00500	PPS Reimbrused Services	554,541.	Cost
06500	Respiratory Therapy	00100	CC Ratio Wkst C Part 1	0.191887	CC Ratio
06500	Respiratory Therapy	00200	PPS Reimbrused Services	4,625,249.	Charges
06500	Respiratory Therapy	00500	PPS Reimbrused Services	887,525.	Cost
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.480741	CC Ratio
06600	Physical Therapy	00200	PPS Reimbrused Services	294,234.	Charges

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

D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
06600	Physical Therapy	00500	PPS Reimbrused Services	141,450.	Cost
06700	Occupational Therapy	00100	CC Ratio Wkst C Part 1	0.346905	CC Ratio
06700	Occupational Therapy	00200	PPS Reimbrused Services	47,326.	Charges
06700	Occupational Therapy	00500	PPS Reimbrused Services	16,418.	Cost
06800	Speech Pathology	00100	CC Ratio Wkst C Part 1	0.346891	CC Ratio
06800	Speech Pathology	00200	PPS Reimbrused Services	68,477.	Charges
06800	Speech Pathology	00500	PPS Reimbrused Services	23,754.	Cost
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.027722	CC Ratio
06900	Electrocardiology	00200	PPS Reimbrused Services	8,800,313.	Charges
06900	Electrocardiology	00500	PPS Reimbrused Services	243,962.	Cost
07000	Electroencephalography	00100	CC Ratio Wkst C Part 1	0.122486	CC Ratio
07000	Electroencephalography	00200	PPS Reimbrused Services	503,654.	Charges
07000	Electroencephalography	00500	PPS Reimbrused Services	61,691.	Cost
07100	Medical Supplies Charged to Patients	00100	CC Ratio Wkst C Part 1	0.297292	CC Ratio
07100	Medical Supplies Charged to Patients	00200	PPS Reimbrused Services	16,191,653.	Charges
07100	Medical Supplies Charged to Patients	00500	PPS Reimbrused Services	4,813,649.	Cost
07200	Implantable Devices Charged to Patients	00100	CC Ratio Wkst C Part 1	0.312522	CC Ratio
07200	Implantable Devices Charged to Patients	00200	PPS Reimbrused Services	29,980,723.	Charges
07200	Implantable Devices Charged to Patients	00500	PPS Reimbrused Services	9,369,636.	Cost
07300	Drugs Charged to Patients	00100	CC Ratio Wkst C Part 1	0.201368	CC Ratio
07300	Drugs Charged to Patients	00200	PPS Reimbrused Services	294,044,752.	Charges
07300	Drugs Charged to Patients	00400	Cost Reimb Svcs - No Co-I	117,605.	Charges

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

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
07300	Drugs Charged to Patients	00500	PPS Reimbrused Services	59,211,204.	Cost
07300	Drugs Charged to Patients	00700	Cost Reimb Svcs - No Co-I	23,682.	Cost
07400	Renal Dialysis	00100	CC Ratio Wkst C Part 1	0.235575	CC Ratio
07400	Renal Dialysis	00200	PPS Reimbrused Services	126,123.	Charges
07400	Renal Dialysis	00500	PPS Reimbrused Services	29,711.	Cost
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.197466	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	5,347,151.	Charges
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	1,055,881.	Cost
09000	Clinic	00100	CC Ratio Wkst C Part 1	0.950689	CC Ratio
09000	Clinic	00200	PPS Reimbrused Services	631,371.	Charges
09000	Clinic	00500	PPS Reimbrused Services	600,237.	Cost
09000	Clinic	00100	CC Ratio Wkst C Part 1	0.200945	CC Ratio
09000	Clinic	00200	PPS Reimbrused Services	2,099,046.	Charges
09000	Clinic	00500	PPS Reimbrused Services	421,793.	Cost
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.131011	CC Ratio
09100	Emergency	00200	PPS Reimbrused Services	19,650,432.	Charges
09100	Emergency	00500	PPS Reimbrused Services	2,574,423.	Cost
09200	Observation Beds	00100	CC Ratio Wkst C Part 1	0.640946	CC Ratio
09200	Observation Beds	00200	PPS Reimbrused Services	4,851,315.	Charges
09200	Observation Beds	00500	PPS Reimbrused Services	3,109,431.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00200	PPS Reimbrused Services	702,324,658.	Charges

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

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00400	Cost Reimb Svcs - No Co-I	117,605.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00500	PPS Reimbrused Services	126,470,148.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00700	Cost Reimb Svcs - No Co-I	23,682.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00200	PPS Reimbrused Services	702,324,658.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00400	Cost Reimb Svcs - No Co-I	117,605.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00500	PPS Reimbrused Services	126,470,148.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00700	Cost Reimb Svcs - No Co-I	23,682.	Cost
A19	Hospital Medicaid				
05000	Operating Room	00200	PPS Reimbrused Services	77,133.	Charges
05000	Operating Room	00200	PPS Reimbrused Services	8,001.	Charges
05100	Recovery Room	00200	PPS Reimbrused Services	17,132.	Charges
05200	Delivery Room and Labor Room	00200	PPS Reimbrused Services	20,613.	Charges
05300	Anesthesiology	00200	PPS Reimbrused Services	17,260.	Charges
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	135,513.	Charges
05500	Radiology - Therapeutic	00200	PPS Reimbrused Services	101,494.	Charges
05600	Radioisotope	00200	PPS Reimbrused Services	6,570.	Charges
05700	Computer Tomography (CT) Scan	00200	PPS Reimbrused Services	229,578.	Charges
05800	Magnetic Resonance Imaging (MRI)	00200	PPS Reimbrused Services	28,431.	Charges
05900	Cardiac Catheterization	00200	PPS Reimbrused Services	16,568.	Charges

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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

D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
06000	Laboratory	00200	PPS Reimbrused Services	394,584.	Charges
06300	Blood Storing, Processing and Transportation	00200	PPS Reimbrused Services	15,560.	Charges
06400	Intravenous Therapy	00200	PPS Reimbrused Services	25,393.	Charges
06500	Respiratory Therapy	00200	PPS Reimbrused Services	3,857.	Charges
06600	Physical Therapy	00200	PPS Reimbrused Services	15,058.	Charges
06700	Occupational Therapy	00200	PPS Reimbrused Services	7,870.	Charges
06800	Speech Pathology	00200	PPS Reimbrused Services	2,069.	Charges
06900	Electrocardiology	00200	PPS Reimbrused Services	48,581.	Charges
07000	Electroencephalography	00200	PPS Reimbrused Services	954.	Charges
07100	Medical Supplies Charged to Patients	00200	PPS Reimbrused Services	24,887.	Charges
07200	Implantable Devices Charged to Patients	00200	PPS Reimbrused Services	6,640.	Charges
07300	Drugs Charged to Patients	00200	PPS Reimbrused Services	104,806.	Charges
07400	Renal Dialysis	00200	PPS Reimbrused Services	16,363.	Charges
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	1,969.	Charges
09000	Clinic	00200	PPS Reimbrused Services	174.	Charges
09000	Clinic	00200	PPS Reimbrused Services	2,083.	Charges
09100	Emergency	00200	PPS Reimbrused Services	537,518.	Charges
09200	Observation Beds	00200	PPS Reimbrused Services	94,885.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00200	PPS Reimbrused Services	1,961,544.	Charges

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

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00500	PPS Reimbrused Services	314,288.	Cost
D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
A18	Hospital Medicare				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	89,920.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	89,920.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	74,500.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	43,084.	Days
02100	Total General Inpatient Routine Service Cost	00100	Inpatient Amount	69,114,856.	
02700	General Inpatient Routine Service Cost Net of Swing-Bed Cost (Line 21 Minus Line 26).	00100	Inpatient Amount	69,114,856.	
03700	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	69,114,856.	
03800	Adjusted General Inpatient Routine Service Cost Per Diem	00100	Inpatient Amount	768.63	Per Diem
03900	Program General Inpatient Routine Service Cost (Line 9 Times Line 38)	00100	Inpatient Amount	33,115,655.	
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	33,115,655.	
04300	Intensive Care Unit	00100	Inpatient Amount	14,254,596.	
04300	Intensive Care Unit	00200	Inpatient Days	7,344.	Days
04300	Intensive Care Unit	00300	Average Per Diem	1,940.99	Per Diem
04300	Intensive Care Unit	00400	Program Days	3,108.	Days
04300	Intensive Care Unit	00500	Program Cost	6,032,597.	
04300	Intensive Care Unit	00100	Inpatient Amount	2,097,828.	04301
04300	Intensive Care Unit	00200	Inpatient Days	1,425.	Days
04300	Intensive Care Unit	00300	Average Per Diem	1,472.16	Per Diem
04600	Surgical Intensive Care Unit	00100	Inpatient Amount	4,291,367.	

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
04600	Surgical Intensive Care Unit	00200	Inpatient Days	2,282.	Days
04600	Surgical Intensive Care Unit	00300	Average Per Diem	1,880.53	Per Diem
04600	Surgical Intensive Care Unit	00400	Program Days	1,945.	Days
04600	Surgical Intensive Care Unit	00500	Program Cost	3,657,631.	
04800	Program Inpatient Ancillary Service Cost (Worksteet D-4 Column 03 Line 101)	00100	Inpatient Amount	73,746,795.	
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	116,552,678.	
05000	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 1 and 3).	00100	Inpatient Amount	2,331,778.	
05100	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 2 and 4).	00100	Inpatient Amount	3,809,548.	
05200	Total Program Excluded Cost (Sum of Lines 50 and 51)	00100	Inpatient Amount	6,141,326.	
05300	Total program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education cost (line 4	00100	Inpatient Amount	110,411,352.	
08700	Total Observation Bed Days	00100	Inpatient Amount	15,420.	Days
08800	Adjusted General Inpatient Routine Cost Per Diem (Line 27 Divided by Line 02)	00100	Inpatient Amount	768.63	Per Diem
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	11,852,275.	
09000	Capital Related Cost	00100	Inpatient Amount	3,749,155.	
09000	Capital Related Cost	00200	Inpatient Days	69,114,856.	Days
09000	Capital Related Cost	00300	Average Per Diem	0.05	Per Diem
09000	Capital Related Cost	00400	Program Days	11,852,275.	Days
09000	Capital Related Cost	00500	Program Cost	642,927.	
09100	Nursing School Cost	00200	Inpatient Days	69,114,856.	Days
09100	Nursing School Cost	00400	Program Days	11,852,275.	Days
09200	Allied Health Cost	00200	Inpatient Days	69,114,856.	Days
09200	Allied Health Cost	00400	Program Days	11,852,275.	Days
09300	All Other Medical Education	00200	Inpatient Days	69,114,856.	Days
09300	All Other Medical Education	00400	Program Days	11,852,275.	Days
A19	Hosptial Medicaid				

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

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	89,920.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	89,920.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	74,500.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	555.	Days
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	1,370,153.	
08700	Total Observation Bed Days	00100	Inpatient Amount	15,420.	Days
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	11,852,275.	
D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	51,278,741.	
03100	Intensive Care Unit	00200	Inpatient Charges	7,445,988.	
03400	Surgical Intensive Care Unit	00200	Inpatient Charges	4,586,808.	
05000	Operating Room	00100	Cost to Charge Ratio	0.202240	CC Ratio
05000	Operating Room	00200	Inpatient Charges	48,524,968.	
05000	Operating Room	00300	Inpatient Cost	9,813,690.	
05000	Operating Room	00100	Cost to Charge Ratio	0.269347	CC Ratio
05000	Operating Room	00200	Inpatient Charges	2,494,353.	05001
05000	Operating Room	00300	Inpatient Cost	671,846.	05001
05100	Recovery Room	00100	Cost to Charge Ratio	0.167612	CC Ratio
05100	Recovery Room	00200	Inpatient Charges	7,127,145.	
05100	Recovery Room	00300	Inpatient Cost	1,194,595.	
05200	Delivery Room and Labor Room	00100	Cost to Charge Ratio	0.430797	CC Ratio
05200	Delivery Room and Labor Room	00200	Inpatient Charges	33,573.	
05200	Delivery Room and Labor Room	00300	Inpatient Cost	14,463.	
05300	Anesthesiology	00100	Cost to Charge Ratio	0.047204	CC Ratio
05300	Anesthesiology	00200	Inpatient Charges	10,115,112.	
05300	Anesthesiology	00300	Inpatient Cost	477,474.	
05400	Radiology - Diagnostc	00100	Cost to Charge Ratio	0.132509	CC Ratio

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
05400	Radiology - Diagnostc	00200	Inpatient Charges	13,826,254.	
05400	Radiology - Diagnostc	00300	Inpatient Cost	1,832,103.	
05500	Radiology - Therapeutic	00100	Cost to Charge Ratio	0.303537	CC Ratio
05500	Radiology - Therapeutic	00200	Inpatient Charges	122,301.	
05500	Radiology - Therapeutic	00300	Inpatient Cost	37,123.	
05600	Radioisotope	00100	Cost to Charge Ratio	0.141540	CC Ratio
05600	Radioisotope	00200	Inpatient Charges	2,216,372.	
05600	Radioisotope	00300	Inpatient Cost	313,705.	
05700	Computer Tomography (CT) Scan	00100	Cost to Charge Ratio	0.050837	CC Ratio
05700	Computer Tomography (CT) Scan	00200	Inpatient Charges	19,335,242.	
05700	Computer Tomography (CT) Scan	00300	Inpatient Cost	982,946.	
05800	Magnetic Resonance Imaging (MRI)	00100	Cost to Charge Ratio	0.079454	CC Ratio
05800	Magnetic Resonance Imaging (MRI)	00200	Inpatient Charges	6,068,653.	
05800	Magnetic Resonance Imaging (MRI)	00300	Inpatient Cost	482,179.	
05900	Cardiac Catheterization	00100	Cost to Charge Ratio	0.063493	CC Ratio
05900	Cardiac Catheterization	00200	Inpatient Charges	27,916,367.	
05900	Cardiac Catheterization	00300	Inpatient Cost	1,772,494.	
06000	Laboratory	00100	Cost to Charge Ratio	0.086322	CC Ratio
06000	Laboratory	00200	Inpatient Charges	63,146,919.	
06000	Laboratory	00300	Inpatient Cost	5,450,968.	
06300	Blood Storing, Processing and Transportation	00100	Cost to Charge Ratio	0.252516	CC Ratio
06300	Blood Storing, Processing and Transportation	00200	Inpatient Charges	10,460,045.	
06300	Blood Storing, Processing and Transportation	00300	Inpatient Cost	2,641,329.	
06400	Intravenous Therapy	00100	Cost to Charge Ratio	0.093108	CC Ratio
06400	Intravenous Therapy	00200	Inpatient Charges	3,979,636.	
06400	Intravenous Therapy	00300	Inpatient Cost	370,536.	
06500	Respiratory Therapy	00100	Cost to Charge Ratio	0.191887	CC Ratio
06500	Respiratory Therapy	00200	Inpatient Charges	12,515,146.	
06500	Respiratory Therapy	00300	Inpatient Cost	2,401,494.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.480741	CC Ratio
06600	Physical Therapy	00200	Inpatient Charges	3,967,362.	
06600	Physical Therapy	00300	Inpatient Cost	1,907,274.	
06700	Occupational Therapy	00100	Cost to Charge Ratio	0.346905	CC Ratio
06700	Occupational Therapy	00200	Inpatient Charges	1,036,808.	

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
06700	Occupational Therapy	00300	Inpatient Cost	359,674.	
06800	Speech Pathology	00100	Cost to Charge Ratio	0.346891	CC Ratio
06800	Speech Pathology	00200	Inpatient Charges	1,802,234.	
06800	Speech Pathology	00300	Inpatient Cost	625,179.	
06900	Electrocardiology	00100	Cost to Charge Ratio	0.027722	CC Ratio
06900	Electrocardiology	00200	Inpatient Charges	12,829,470.	
06900	Electrocardiology	00300	Inpatient Cost	355,659.	
07000	Electroencephalography	00100	Cost to Charge Ratio	0.122486	CC Ratio
07000	Electroencephalography	00200	Inpatient Charges	1,093,128.	
07000	Electroencephalography	00300	Inpatient Cost	133,893.	
07100	Medical Supplies Charged to Patients	00100	Cost to Charge Ratio	0.297292	CC Ratio
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	19,920,193.	
07100	Medical Supplies Charged to Patients	00300	Inpatient Cost	5,922,114.	
07200	Implantable Devices Charged to Patients	00100	Cost to Charge Ratio	0.312522	CC Ratio
07200	Implantable Devices Charged to Patients	00200	Inpatient Charges	66,889,162.	
07200	Implantable Devices Charged to Patients	00300	Inpatient Cost	20,904,335.	
07300	Drugs Charged to Patients	00100	Cost to Charge Ratio	0.201368	CC Ratio
07300	Drugs Charged to Patients	00200	Inpatient Charges	54,025,158.	
07300	Drugs Charged to Patients	00300	Inpatient Cost	10,878,938.	
07400	Renal Dialysis	00100	Cost to Charge Ratio	0.235575	CC Ratio
07400	Renal Dialysis	00200	Inpatient Charges	3,659,343.	
07400	Renal Dialysis	00300	Inpatient Cost	862,050.	
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.197466	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	14,823.	07698
07600	Other Ancillary Cost	00300	Inpatient Cost	2,927.	07698
09000	Clinic	00100	Cost to Charge Ratio	0.950689	CC Ratio
09000	Clinic	00200	Inpatient Charges	789.	
09000	Clinic	00300	Inpatient Cost	750.	
09000	Clinic	00100	Cost to Charge Ratio	0.200945	CC Ratio
09000	Clinic	00200	Inpatient Charges	537.	09002
09000	Clinic	00300	Inpatient Cost	108.	09002
09100	Emergency	00100	Cost to Charge Ratio	0.131011	CC Ratio
09100	Emergency	00200	Inpatient Charges	18,742,120.	
09100	Emergency	00300	Inpatient Cost	2,455,424.	

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
09200	Observation Beds	00100	Cost to Charge Ratio	0.640946	CC Ratio
09200	Observation Beds	00200	Inpatient Charges	1,375,350.	
09200	Observation Beds	00300	Inpatient Cost	881,525.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	413,238,563.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	73,746,795.	
20200	Worksheet D3 Net Charges (Lines 200 minus 201)	00200	Inpatient Charges	413,238,563.	
A19	Hospital Medicaid				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	732,850.	
03100	Intensive Care Unit	00200	Inpatient Charges	33,555.	
03100	Intensive Care Unit	00200	Inpatient Charges	229,500.	03101
03400	Surgical Intensive Care Unit	00200	Inpatient Charges	103,068.	
04300	Nursery	00200	Inpatient Charges	100,730.	
05000	Operating Room	00200	Inpatient Charges	377,226.	
05000	Operating Room	00200	Inpatient Charges	56,545.	05001
05100	Recovery Room	00200	Inpatient Charges	64,474.	
05200	Delivery Room and Labor Room	00200	Inpatient Charges	143,577.	
05300	Anesthesiology	00200	Inpatient Charges	75,308.	
05400	Radiology - Diagnostc	00200	Inpatient Charges	155,221.	
05500	Radiology - Therapeutic	00200	Inpatient Charges	287.	
05600	Radioisotope	00200	Inpatient Charges	18,746.	
05700	Computer Tomography (CT) Scan	00200	Inpatient Charges	299,096.	
05800	Magnetic Resonance Imaging (MRI)	00200	Inpatient Charges	135,668.	
05900	Cardiac Catheterization	00200	Inpatient Charges	217,683.	
06000	Laboratory	00200	Inpatient Charges	938,680.	
06300	Blood Storing, Processing and Transportation	00200	Inpatient Charges	135,415.	
06400	Intravenous Therapy	00200	Inpatient Charges	62,101.	
06500	Respiratory Therapy	00200	Inpatient Charges	93,073.	
06600	Physical Therapy	00200	Inpatient Charges	20,870.	
06700	Occupational Therapy	00200	Inpatient Charges	11,212.	
06800	Speech Pathology	00200	Inpatient Charges	27,721.	
06900	Electrocardiology	00200	Inpatient Charges	124,863.	
07000	Electroencephalography	00200	Inpatient Charges	16,047.	
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	173,391.	

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
07200	Implantable Devices Charged to Patients	00200	Inpatient Charges	307,056.	
07300	Drugs Charged to Patients	00200	Inpatient Charges	668,914.	
07400	Renal Dialysis	00200	Inpatient Charges	203,029.	
07600	Other Ancillary Cost	00200	Inpatient Charges	65.	07698
09000	Clinic	00200	Inpatient Charges	7.	
09100	Emergency	00200	Inpatient Charges	226,895.	
09200	Observation Beds	00200	Inpatient Charges	15,257.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	4,568,427.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	768,239.	

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D00	Wkst D Apportionment of Costs				
1	Part 1 - Apportionment of Inpatient Routine - Service Capital Costs				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00100	Capital Related Cost	1,577,586.	
03000	Adults and Pediatrics - General Routine Care	00300	Net Capital Related Cost	1,577,586.	
03000	Adults and Pediatrics - General Routine Care	00400	Total Patient Days	21,281.	Days
03000	Adults and Pediatrics - General Routine Care	00500	Per Diem	74.13	Per Diem
03000	Adults and Pediatrics - General Routine Care	00600	Inpatient Program Days	8,920.	Days
03000	Adults and Pediatrics - General Routine Care	00700	Inpatient Capital Cost	661,240.	
03100	Intensive Care Unit	00100	Capital Related Cost	302,976.	
03100	Intensive Care Unit	00300	Net Capital Related Cost	302,976.	
03100	Intensive Care Unit	00400	Total Patient Days	1,685.	Days
03100	Intensive Care Unit	00500	Per Diem	179.81	Per Diem
03100	Intensive Care Unit	00600	Inpatient Program Days	985.	Days
03100	Intensive Care Unit	00700	Inpatient Capital Cost	177,113.	
03100	Intensive Care Unit	00100	Capital Related Cost	33,009.	03101
03100	Intensive Care Unit	00300	Net Capital Related Cost	33,009.	03101
03100	Intensive Care Unit	00400	Total Patient Days	316.	Days
03100	Intensive Care Unit	00500	Per Diem	104.46	Per Diem
03400	Surgical Intensive Care Unit	00100	Capital Related Cost	84,108.	
03400	Surgical Intensive Care Unit	00300	Net Capital Related Cost	84,108.	
03400	Surgical Intensive Care Unit	00400	Total Patient Days	444.	Days

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D00	Wkst D Apportionment of Costs				
1	Part 1 - Apportionment of Inpatient Routine - Service Capital Costs				
03400	Surgical Intensive Care Unit	00500	Per Diem	189.43	Per Diem
03400	Surgical Intensive Care Unit	00600	Inpatient Program Days	415.	Days
03400	Surgical Intensive Care Unit	00700	Inpatient Capital Cost	78,613.	
04300	Nursery	00100	Capital Related Cost	25,557.	
04300	Nursery	00300	Net Capital Related Cost	25,557.	
04300	Nursery	00400	Total Patient Days	1,244.	Days
04300	Nursery	00500	Per Diem	20.54	Per Diem
20000	Worksheet D Part 1 Total (Lines 30-199)	00100	Capital Related Cost	2,023,236.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00300	Net Capital Related Cost	2,023,236.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00400	Total Patient Days	24,970.	Days
20000	Worksheet D Part 1 Total (Lines 30-199)	00600	Inpatient Program Days	10,320.	Days
20000	Worksheet D Part 1 Total (Lines 30-199)	00700	Inpatient Capital Cost	916,966.	
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
A18	Hospital Medicare				
05000	Operating Room	00100	Capital Related Cost	1,104,301.	
05000	Operating Room	00200	Total Charges	37,319,590.	
05000	Operating Room	00300	Cost to Charge Ratio	0.029590	Ratio
05000	Operating Room	00400	Inpatient Charges	10,529,609.	
05000	Operating Room	00500	Capital Costs	311,571.	
05000	Operating Room	00100	Capital Related Cost	81,999.	05001
05000	Operating Room	00200	Total Charges	3,612,304.	05001
05000	Operating Room	00300	Cost to Charge Ratio	0.022700	Ratio
05000	Operating Room	00400	Inpatient Charges	585,820.	05001
05000	Operating Room	00500	Capital Costs	13,298.	05001
05100	Recovery Room	00100	Capital Related Cost	73,030.	
05100	Recovery Room	00200	Total Charges	7,354,551.	
05100	Recovery Room	00300	Cost to Charge Ratio	0.009930	Ratio
05100	Recovery Room	00400	Inpatient Charges	1,474,440.	
05100	Recovery Room	00500	Capital Costs	14,641.	
05200	Delivery Room and Labor Room	00100	Capital Related Cost	333,667.	
05200	Delivery Room and Labor Room	00200	Total Charges	6,685,456.	
05200	Delivery Room and Labor Room	00300	Cost to Charge Ratio	0.049909	Ratio
05200	Delivery Room and Labor Room	00400	Inpatient Charges	2,752.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05200	Delivery Room and Labor Room	00500	Capital Costs	137.	
05300	Anesthesiology	00100	Capital Related Cost	60,815.	
05300	Anesthesiology	00200	Total Charges	8,278,788.	
05300	Anesthesiology	00300	Cost to Charge Ratio	0.007346	Ratio
05300	Anesthesiology	00400	Inpatient Charges	2,294,289.	
05300	Anesthesiology	00500	Capital Costs	16,854.	
05400	Radiology - Diagnostc	00100	Capital Related Cost	773,336.	
05400	Radiology - Diagnostc	00200	Total Charges	25,629,293.	
05400	Radiology - Diagnostc	00300	Cost to Charge Ratio	0.030174	Ratio
05400	Radiology - Diagnostc	00400	Inpatient Charges	3,663,630.	
05400	Radiology - Diagnostc	00500	Capital Costs	110,546.	
05500	Radiology - Therapeutic	00100	Capital Related Cost	1,485,486.	
05500	Radiology - Therapeutic	00200	Total Charges	21,486,739.	
05500	Radiology - Therapeutic	00300	Cost to Charge Ratio	0.069135	Ratio
05500	Radiology - Therapeutic	00400	Inpatient Charges	11,297.	
05500	Radiology - Therapeutic	00500	Capital Costs	781.	
05600	Radioisotope	00100	Capital Related Cost	117,049.	
05600	Radioisotope	00200	Total Charges	7,044,676.	
05600	Radioisotope	00300	Cost to Charge Ratio	0.016615	Ratio
05600	Radioisotope	00400	Inpatient Charges	442,010.	
05600	Radioisotope	00500	Capital Costs	7,344.	
05700	Computer Tomography (CT) Scan	00100	Capital Related Cost	315,281.	
05700	Computer Tomography (CT) Scan	00200	Total Charges	24,781,397.	
05700	Computer Tomography (CT) Scan	00300	Cost to Charge Ratio	0.012722	Ratio
05700	Computer Tomography (CT) Scan	00400	Inpatient Charges	4,074,965.	
05700	Computer Tomography (CT) Scan	00500	Capital Costs	51,842.	
05800	Magnetic Resonance Imaging (MRI)	00100	Capital Related Cost	292,593.	
05800	Magnetic Resonance Imaging (MRI)	00200	Total Charges	15,603,573.	
05800	Magnetic Resonance Imaging (MRI)	00300	Cost to Charge Ratio	0.018752	Ratio
05800	Magnetic Resonance Imaging (MRI)	00400	Inpatient Charges	1,132,703.	
05800	Magnetic Resonance Imaging (MRI)	00500	Capital Costs	21,240.	
05900	Cardiac Catheterization	00100	Capital Related Cost	428,092.	
05900	Cardiac Catheterization	00200	Total Charges	25,335,737.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05900	Cardiac Catheterization	00300	Cost to Charge Ratio	0.016897	Ratio
05900	Cardiac Catheterization	00400	Inpatient Charges	5,771,701.	
05900	Cardiac Catheterization	00500	Capital Costs	97,524.	
06000	Laboratory	00100	Capital Related Cost	333,072.	
06000	Laboratory	00200	Total Charges	52,380,916.	
06000	Laboratory	00300	Cost to Charge Ratio	0.006359	Ratio
06000	Laboratory	00400	Inpatient Charges	14,097,911.	
06000	Laboratory	00500	Capital Costs	89,649.	
06300	Blood Storing, Processing and Transportation	00100	Capital Related Cost	38,770.	
06300	Blood Storing, Processing and Transportation	00200	Total Charges	5,160,690.	
06300	Blood Storing, Processing and Transportation	00300	Cost to Charge Ratio	0.007513	Ratio
06300	Blood Storing, Processing and Transportation	00400	Inpatient Charges	2,573,645.	
06300	Blood Storing, Processing and Transportation	00500	Capital Costs	19,336.	
06400	Intravenous Therapy	00100	Capital Related Cost	34,980.	
06400	Intravenous Therapy	00200	Total Charges	4,254,071.	
06400	Intravenous Therapy	00300	Cost to Charge Ratio	0.008223	Ratio
06400	Intravenous Therapy	00400	Inpatient Charges	1,369,269.	
06400	Intravenous Therapy	00500	Capital Costs	11,259.	
06500	Respiratory Therapy	00100	Capital Related Cost	126,622.	
06500	Respiratory Therapy	00200	Total Charges	6,326,121.	
06500	Respiratory Therapy	00300	Cost to Charge Ratio	0.020016	Ratio
06500	Respiratory Therapy	00400	Inpatient Charges	2,452,924.	
06500	Respiratory Therapy	00500	Capital Costs	49,098.	
06600	Physical Therapy	00100	Capital Related Cost	359,998.	
06600	Physical Therapy	00200	Total Charges	4,274,005.	
06600	Physical Therapy	00300	Cost to Charge Ratio	0.084230	Ratio
06600	Physical Therapy	00400	Inpatient Charges	831,650.	
06600	Physical Therapy	00500	Capital Costs	70,050.	
06700	Occupational Therapy	00100	Capital Related Cost	21,631.	
06700	Occupational Therapy	00200	Total Charges	625,131.	
06700	Occupational Therapy	00300	Cost to Charge Ratio	0.034602	Ratio
06700	Occupational Therapy	00400	Inpatient Charges	223,660.	
06700	Occupational Therapy	00500	Capital Costs	7,739.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
07400	Renal Dialysis	00400	Inpatient Charges	842,363.	
07400	Renal Dialysis	00500	Capital Costs	10,700.	
07600	Other Ancillary Cost	00100	Capital Related Cost	65,334.	07698
07600	Other Ancillary Cost	00200	Total Charges	1,837,151.	07698
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.035563	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	1,682.	07698
07600	Other Ancillary Cost	00500	Capital Costs	60.	07698
09000	Clinic	00100	Capital Related Cost	100,323.	
09000	Clinic	00200	Total Charges	198,073.	
09000	Clinic	00300	Cost to Charge Ratio	0.506495	Ratio
09000	Clinic	00100	Capital Related Cost	34,386.	09002
09000	Clinic	00200	Total Charges	1,115,686.	09002
09000	Clinic	00300	Cost to Charge Ratio	0.030820	Ratio
09100	Emergency	00100	Capital Related Cost	343,101.	
09100	Emergency	00200	Total Charges	21,667,187.	
09100	Emergency	00300	Cost to Charge Ratio	0.015835	Ratio
09100	Emergency	00400	Inpatient Charges	3,769,141.	
09100	Emergency	00500	Capital Costs	59,684.	
09200	Observation Beds	00100	Capital Related Cost	300,379.	
09200	Observation Beds	00200	Total Charges	4,996,061.	
09200	Observation Beds	00300	Cost to Charge Ratio	0.060123	Ratio
09200	Observation Beds	00400	Inpatient Charges	399,269.	
09200	Observation Beds	00500	Capital Costs	24,005.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00100	Capital Related Cost	7,909,408.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00200	Total Charges	483,054,953.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00400	Inpatient Charges	91,793,920.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00500	Capital Costs	1,209,376.	
3	Part 3 - Apportionment of Inpatient Routine Service - Other Pass Through Cost				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00600	Total Patient Days	21,281.	Days
03000	Adults and Pediatrics - General Routine Care	00800	Program Inpatient Days	8,920.	Days
03100	Intensive Care Unit	00600	Total Patient Days	1,685.	Days
03100	Intensive Care Unit	00800	Program Inpatient Days	985.	Days

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D00	Wkst D Apportionment of Costs				
3	Part 3 - Apportionment of Inpatient Routine Service - Other Pass Through Cost				
03100	Intensive Care Unit	00600	Total Patient Days	316.	Days
03400	Surgical Intensive Care Unit	00600	Total Patient Days	444.	Days
03400	Surgical Intensive Care Unit	00800	Program Inpatient Days	415.	Days
04300	Nursery	00600	Total Patient Days	1,244.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00600	Total Patient Days	24,970.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00800	Program Inpatient Days	10,320.	Days
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
A18	Hospital Medicare				
05000	Operating Room	00700	Total Charges	37,319,590.	
05000	Operating Room	01000	Inpatient Charges	10,529,609.	
05000	Operating Room	01200	Outpatient Charges	7,007,944.	
05000	Operating Room	00700	Total Charges	3,612,304.	05001
05000	Operating Room	01000	Inpatient Charges	585,820.	05001
05000	Operating Room	01200	Outpatient Charges	1,249,937.	05001
05100	Recovery Room	00700	Total Charges	7,354,551.	
05100	Recovery Room	01000	Inpatient Charges	1,474,440.	
05100	Recovery Room	01200	Outpatient Charges	2,011,217.	
05200	Delivery Room and Labor Room	00700	Total Charges	6,685,456.	
05200	Delivery Room and Labor Room	01000	Inpatient Charges	2,752.	
05200	Delivery Room and Labor Room	01200	Outpatient Charges	32,622.	
05300	Anesthesiology	00700	Total Charges	8,278,788.	
05300	Anesthesiology	01000	Inpatient Charges	2,294,289.	
05300	Anesthesiology	01200	Outpatient Charges	1,462,780.	
05400	Radiology - Diagnostc	00700	Total Charges	25,629,293.	
05400	Radiology - Diagnostc	01000	Inpatient Charges	3,663,630.	
05400	Radiology - Diagnostc	01200	Outpatient Charges	6,625,695.	
05500	Radiology - Therapeutic	00700	Total Charges	21,486,739.	
05500	Radiology - Therapeutic	01000	Inpatient Charges	11,297.	
05500	Radiology - Therapeutic	01200	Outpatient Charges	12,628,494.	
05600	Radioisotope	00700	Total Charges	7,044,676.	
05600	Radioisotope	01000	Inpatient Charges	442,010.	
05600	Radioisotope	01200	Outpatient Charges	4,058,540.	
05700	Computer Tomography (CT) Scan	00700	Total Charges	24,781,397.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
05700	Computer Tomography (CT) Scan	01000	Inpatient Charges	4,074,965.	
05700	Computer Tomography (CT) Scan	01200	Outpatient Charges	9,292,008.	
05800	Magnetic Resonance Imaging (MRI)	00700	Total Charges	15,603,573.	
05800	Magnetic Resonance Imaging (MRI)	01000	Inpatient Charges	1,132,703.	
05800	Magnetic Resonance Imaging (MRI)	01200	Outpatient Charges	8,133,782.	
05900	Cardiac Catheterization	00700	Total Charges	25,335,737.	
05900	Cardiac Catheterization	01000	Inpatient Charges	5,771,701.	
05900	Cardiac Catheterization	01200	Outpatient Charges	8,493,117.	
06000	Laboratory	00700	Total Charges	52,380,916.	
06000	Laboratory	01000	Inpatient Charges	14,097,911.	
06000	Laboratory	01200	Outpatient Charges	9,470,958.	
06300	Blood Storing, Processing and Transportation	00700	Total Charges	5,160,690.	
06300	Blood Storing, Processing and Transportation	01000	Inpatient Charges	2,573,645.	
06300	Blood Storing, Processing and Transportation	01200	Outpatient Charges	1,038,486.	
06400	Intravenous Therapy	00700	Total Charges	4,254,071.	
06400	Intravenous Therapy	01000	Inpatient Charges	1,369,269.	
06400	Intravenous Therapy	01200	Outpatient Charges	1,465,865.	
06500	Respiratory Therapy	00700	Total Charges	6,326,121.	
06500	Respiratory Therapy	01000	Inpatient Charges	2,452,924.	
06500	Respiratory Therapy	01200	Outpatient Charges	1,093,212.	
06600	Physical Therapy	00700	Total Charges	4,274,005.	
06600	Physical Therapy	01000	Inpatient Charges	831,650.	
06600	Physical Therapy	01200	Outpatient Charges	68,087.	
06700	Occupational Therapy	00700	Total Charges	625,131.	
06700	Occupational Therapy	01000	Inpatient Charges	223,660.	
06700	Occupational Therapy	01200	Outpatient Charges	5,701.	
06800	Speech Pathology	00700	Total Charges	1,012,762.	
06800	Speech Pathology	01000	Inpatient Charges	397,465.	
06800	Speech Pathology	01200	Outpatient Charges	24,932.	
06900	Electrocardiology	00700	Total Charges	8,732,781.	
06900	Electrocardiology	01000	Inpatient Charges	2,612,900.	
06900	Electrocardiology	01200	Outpatient Charges	2,225,458.	
07000	Electroencephalography	00700	Total Charges	693,321.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
07000	Electroencephalography	01000	Inpatient Charges	244,460.	
07000	Electroencephalography	01200	Outpatient Charges	127,201.	
07100	Medical Supplies Charged to Patients	00700	Total Charges	18,161,352.	
07100	Medical Supplies Charged to Patients	01000	Inpatient Charges	4,937,027.	
07100	Medical Supplies Charged to Patients	01200	Outpatient Charges	4,235,940.	
07200	Implantable Devices Charged to Patients	00700	Total Charges	38,772,195.	
07200	Implantable Devices Charged to Patients	01000	Inpatient Charges	14,800,622.	
07200	Implantable Devices Charged to Patients	01200	Outpatient Charges	7,046,499.	
07300	Drugs Charged to Patients	00300	Allied Health	193,116.	
07300	Drugs Charged to Patients	00500	Total Cost	193,116.	
07300	Drugs Charged to Patients	00600	Outpatient Cost	193,116.	
07300	Drugs Charged to Patients	00700	Total Charges	128,413,140.	
07300	Drugs Charged to Patients	00800	Inpatient Cost to Charge	0.001504	Ratio
07300	Drugs Charged to Patients	00900	Outpatient Cost to Charge	0.001504	Ratio
07300	Drugs Charged to Patients	01000	Inpatient Charges	12,256,716.	
07300	Drugs Charged to Patients	01100	Inpatient Pass Thru Cost	18,434.	
07300	Drugs Charged to Patients	01200	Outpatient Charges	64,090,124.	
07300	Drugs Charged to Patients	01300	Outpatient Pass Thru Cost	96,392.	
07400	Renal Dialysis	00700	Total Charges	1,302,206.	
07400	Renal Dialysis	01000	Inpatient Charges	842,363.	
07400	Renal Dialysis	01200	Outpatient Charges	32,283.	
07600	Other Ancillary Cost	00700	Total Charges	1,837,151.	07698
07600	Other Ancillary Cost	01000	Inpatient Charges	1,682.	07698
07600	Other Ancillary Cost	01200	Outpatient Charges	1,173,854.	07698
09000	Clinic	00700	Total Charges	198,073.	
09000	Clinic	01200	Outpatient Charges	128,584.	
09000	Clinic	00700	Total Charges	1,115,686.	09002
09000	Clinic	01200	Outpatient Charges	607,439.	09002
09100	Emergency	00700	Total Charges	21,667,187.	
09100	Emergency	01000	Inpatient Charges	3,769,141.	
09100	Emergency	01200	Outpatient Charges	4,386,789.	
09200	Observation Beds	00700	Total Charges	4,996,061.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
09200	Observation Beds	01000	Inpatient Charges	399,269.	
09200	Observation Beds	01200	Outpatient Charges	1,405,399.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00300	Allied Health	193,116.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00500	Total Cost	193,116.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00600	Outpatient Cost	193,116.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00700	Total Charges	483,054,953.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01000	Inpatient Charges	91,793,920.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01100	Inpatient Pass Thru Cost	18,434.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01200	Outpatient Charges	159,622,947.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01300	Outpatient Pass Thru Cost	96,392.	
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
A18	Hospital Medicare				
05000	Operating Room	00100	CC Ratio Wkst C Part 1	0.233404	CC Ratio
05000	Operating Room	00200	PPS Reimbrused Services	7,007,944.	Charges
05000	Operating Room	00500	PPS Reimbrused Services	1,635,682.	Cost
05000	Operating Room	00100	CC Ratio Wkst C Part 1	0.272209	CC Ratio
05000	Operating Room	00200	PPS Reimbrused Services	1,249,937.	Charges
05000	Operating Room	00500	PPS Reimbrused Services	340,244.	Cost
05100	Recovery Room	00100	CC Ratio Wkst C Part 1	0.216876	CC Ratio
05100	Recovery Room	00200	PPS Reimbrused Services	2,011,217.	Charges
05100	Recovery Room	00500	PPS Reimbrused Services	436,185.	Cost
05200	Delivery Room and Labor Room	00100	CC Ratio Wkst C Part 1	0.481782	CC Ratio
05200	Delivery Room and Labor Room	00200	PPS Reimbrused Services	32,622.	Charges
05200	Delivery Room and Labor Room	00500	PPS Reimbrused Services	15,717.	Cost
05300	Anesthesiology	00100	CC Ratio Wkst C Part 1	0.050015	CC Ratio

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
05300	Anesthesiology	00200	PPS Reimbrused Services	1,462,780.	Charges
05300	Anesthesiology	00500	PPS Reimbrused Services	73,161.	Cost
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.152504	CC Ratio
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	6,625,695.	Charges
05400	Radiology - Diagnositc	00500	PPS Reimbrused Services	1,010,445.	Cost
05500	Radiology - Therapeutic	00100	CC Ratio Wkst C Part 1	0.373350	CC Ratio
05500	Radiology - Therapeutic	00200	PPS Reimbrused Services	12,628,494.	Charges
05500	Radiology - Therapeutic	00500	PPS Reimbrused Services	4,714,848.	Cost
05600	Radioisotope	00100	CC Ratio Wkst C Part 1	0.174159	CC Ratio
05600	Radioisotope	00200	PPS Reimbrused Services	4,058,540.	Charges
05600	Radioisotope	00500	PPS Reimbrused Services	706,831.	Cost
05700	Computer Tomography (CT) Scan	00100	CC Ratio Wkst C Part 1	0.061358	CC Ratio
05700	Computer Tomography (CT) Scan	00200	PPS Reimbrused Services	9,292,008.	Charges
05700	Computer Tomography (CT) Scan	00500	PPS Reimbrused Services	570,139.	Cost
05800	Magnetic Resonance Imaging (MRI)	00100	CC Ratio Wkst C Part 1	0.103705	CC Ratio
05800	Magnetic Resonance Imaging (MRI)	00200	PPS Reimbrused Services	8,133,782.	Charges
05800	Magnetic Resonance Imaging (MRI)	00500	PPS Reimbrused Services	843,514.	Cost
05900	Cardiac Catheterization	00100	CC Ratio Wkst C Part 1	0.088083	CC Ratio
05900	Cardiac Catheterization	00200	PPS Reimbrused Services	8,493,117.	Charges
05900	Cardiac Catheterization	00500	PPS Reimbrused Services	748,099.	Cost
06000	Laboratory	00100	CC Ratio Wkst C Part 1	0.091264	CC Ratio
06000	Laboratory	00200	PPS Reimbrused Services	9,470,958.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
06000	Laboratory	00500	PPS Reimbrused Services	864,358.	Cost
06300	Blood Storing, Processing and Transportation	00100	CC Ratio Wkst C Part 1	0.277737	CC Ratio
06300	Blood Storing, Processing and Transportation	00200	PPS Reimbrused Services	1,038,486.	Charges
06300	Blood Storing, Processing and Transportation	00500	PPS Reimbrused Services	288,426.	Cost
06400	Intravenous Therapy	00100	CC Ratio Wkst C Part 1	0.104819	CC Ratio
06400	Intravenous Therapy	00200	PPS Reimbrused Services	1,465,865.	Charges
06400	Intravenous Therapy	00500	PPS Reimbrused Services	153,651.	Cost
06500	Respiratory Therapy	00100	CC Ratio Wkst C Part 1	0.212881	CC Ratio
06500	Respiratory Therapy	00200	PPS Reimbrused Services	1,093,212.	Charges
06500	Respiratory Therapy	00500	PPS Reimbrused Services	232,724.	Cost
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.594279	CC Ratio
06600	Physical Therapy	00200	PPS Reimbrused Services	68,087.	Charges
06600	Physical Therapy	00500	PPS Reimbrused Services	40,463.	Cost
06700	Occupational Therapy	00100	CC Ratio Wkst C Part 1	0.412867	CC Ratio
06700	Occupational Therapy	00200	PPS Reimbrused Services	5,701.	Charges
06700	Occupational Therapy	00500	PPS Reimbrused Services	2,354.	Cost
06800	Speech Pathology	00100	CC Ratio Wkst C Part 1	0.412979	CC Ratio
06800	Speech Pathology	00200	PPS Reimbrused Services	24,932.	Charges
06800	Speech Pathology	00500	PPS Reimbrused Services	10,296.	Cost
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.033562	CC Ratio
06900	Electrocardiology	00200	PPS Reimbrused Services	2,225,458.	Charges
06900	Electrocardiology	00500	PPS Reimbrused Services	74,691.	Cost

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
07000	Electroencephalography	00100	CC Ratio Wkst C Part 1	0.126268	CC Ratio
07000	Electroencephalography	00200	PPS Reimbrused Services	127,201.	Charges
07000	Electroencephalography	00500	PPS Reimbrused Services	16,061.	Cost
07100	Medical Supplies Charged to Patients	00100	CC Ratio Wkst C Part 1	0.238379	CC Ratio
07100	Medical Supplies Charged to Patients	00200	PPS Reimbrused Services	4,235,940.	Charges
07100	Medical Supplies Charged to Patients	00500	PPS Reimbrused Services	1,009,759.	Cost
07200	Implantable Devices Charged to Patients	00100	CC Ratio Wkst C Part 1	0.315402	CC Ratio
07200	Implantable Devices Charged to Patients	00200	PPS Reimbrused Services	7,046,499.	Charges
07200	Implantable Devices Charged to Patients	00500	PPS Reimbrused Services	2,222,480.	Cost
07300	Drugs Charged to Patients	00100	CC Ratio Wkst C Part 1	0.209094	CC Ratio
07300	Drugs Charged to Patients	00200	PPS Reimbrused Services	64,090,124.	Charges
07300	Drugs Charged to Patients	00400	Cost Reimb Svcs - No Co-I	454.	Charges
07300	Drugs Charged to Patients	00500	PPS Reimbrused Services	13,400,860.	Cost
07300	Drugs Charged to Patients	00700	Cost Reimb Svcs - No Co-I	95.	Cost
07400	Renal Dialysis	00100	CC Ratio Wkst C Part 1	0.252386	CC Ratio
07400	Renal Dialysis	00200	PPS Reimbrused Services	32,283.	Charges
07400	Renal Dialysis	00500	PPS Reimbrused Services	8,148.	Cost
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.245344	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	1,173,854.	Charges
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	287,998.	Cost
09000	Clinic	00100	CC Ratio Wkst C Part 1	1.564322	CC Ratio
09000	Clinic	00200	PPS Reimbrused Services	128,584.	Charges

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100168	BOCA RATON REGIONAL HOSPITAL	BOCA RATON, FL	33486		

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
05000	Operating Room	00400	Cost Reimb Svcs - No Co-I	1,872.	Charges
05100	Recovery Room	00400	Cost Reimb Svcs - No Co-I	2,713.	Charges
05200	Delivery Room and Labor Room	00400	Cost Reimb Svcs - No Co-I	7,715.	Charges
05300	Anesthesiology	00400	Cost Reimb Svcs - No Co-I	2,897.	Charges
05400	Radiology - Diagnositc	00400	Cost Reimb Svcs - No Co-I	38,520.	Charges
05500	Radiology - Therapeutic	00400	Cost Reimb Svcs - No Co-I	10,130.	Charges
05600	Radioisotope	00400	Cost Reimb Svcs - No Co-I	13,490.	Charges
05700	Computer Tomography (CT) Scan	00400	Cost Reimb Svcs - No Co-I	55,787.	Charges
05900	Cardiac Catheterization	00400	Cost Reimb Svcs - No Co-I	20,088.	Charges
06000	Laboratory	00400	Cost Reimb Svcs - No Co-I	116,711.	Charges
06300	Blood Storing, Processing and Transportation	00400	Cost Reimb Svcs - No Co-I	3,761.	Charges
06400	Intravenous Therapy	00400	Cost Reimb Svcs - No Co-I	7,776.	Charges
06500	Respiratory Therapy	00400	Cost Reimb Svcs - No Co-I	7,313.	Charges
06600	Physical Therapy	00400	Cost Reimb Svcs - No Co-I	4,303.	Charges
06700	Occupational Therapy	00400	Cost Reimb Svcs - No Co-I	616.	Charges
06800	Speech Pathology	00400	Cost Reimb Svcs - No Co-I	409.	Charges
06900	Electrocardiology	00400	Cost Reimb Svcs - No Co-I	23,225.	Charges
07000	Electroencephalography	00400	Cost Reimb Svcs - No Co-I	998.	Charges
07100	Medical Supplies Charged to Patients	00400	Cost Reimb Svcs - No Co-I	5,828.	Charges

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100168	BOCA RATON REGIONAL HOSPITAL	BOCA RATON, FL	33486		

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
03900	Program General Inpatient Routine Service Cost (Line 9 Times Line 38)	00100	Inpatient Amount	7,825,605.	
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	7,825,605.	
04300	Intensive Care Unit	00100	Inpatient Amount	3,855,119.	
04300	Intensive Care Unit	00200	Inpatient Days	1,685.	Days
04300	Intensive Care Unit	00300	Average Per Diem	2,287.90	Per Diem
04300	Intensive Care Unit	00400	Program Days	985.	Days
04300	Intensive Care Unit	00500	Program Cost	2,253,582.	
04300	Intensive Care Unit	00100	Inpatient Amount	605,341.	04301
04300	Intensive Care Unit	00200	Inpatient Days	316.	Days
04300	Intensive Care Unit	00300	Average Per Diem	1,915.64	Per Diem
04600	Surgical Intensive Care Unit	00100	Inpatient Amount	1,003,555.	
04600	Surgical Intensive Care Unit	00200	Inpatient Days	444.	Days
04600	Surgical Intensive Care Unit	00300	Average Per Diem	2,260.26	Per Diem
04600	Surgical Intensive Care Unit	00400	Program Days	415.	Days
04600	Surgical Intensive Care Unit	00500	Program Cost	938,008.	
04800	Program Inpatient Ancillary Service Cost (Worksteet D-4 Column 03 Line 101)	00100	Inpatient Amount	17,589,649.	
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	28,606,844.	
05000	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 1 and 3).	00100	Inpatient Amount	916,966.	
05100	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 2 and 4).	00100	Inpatient Amount	1,227,810.	
05200	Total Program Excluded Cost (Sum of Lines 50 and 51)	00100	Inpatient Amount	2,144,776.	
05300	Total program inpatient operating cost excluding captial related, nonphysician anesthetist and medical education cost (line 4	00100	Inpatient Amount	26,462,068.	
08700	Total Observation Bed Days	00100	Inpatient Amount	4,052.	Days
08800	Adjusted General Inpatient Routine Cost Per Diem (Line 27 Divided by Line 02)	00100	Inpatient Amount	877.31	Per Diem

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	3,554,860.	
09000	Capital Related Cost	00100	Inpatient Amount	1,577,586.	
09000	Capital Related Cost	00200	Inpatient Days	18,670,124.	Days
09000	Capital Related Cost	00300	Average Per Diem	0.08	Per Diem
09000	Capital Related Cost	00400	Program Days	3,554,860.	Days
09000	Capital Related Cost	00500	Program Cost	300,379.	
09100	Nursing School Cost	00200	Inpatient Days	18,670,124.	Days
09100	Nursing School Cost	00400	Program Days	3,554,860.	Days
09200	Allied Health Cost	00200	Inpatient Days	18,670,124.	Days
09200	Allied Health Cost	00400	Program Days	3,554,860.	Days
09300	All Other Medical Education	00200	Inpatient Days	18,670,124.	Days
09300	All Other Medical Education	00400	Program Days	3,554,860.	Days
A19	Hospital Medicaid				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	21,281.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	21,281.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	17,229.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	68.	Days
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	523,525.	
08700	Total Observation Bed Days	00100	Inpatient Amount	4,052.	Days
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	3,554,860.	
D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	10,535,952.	
03100	Intensive Care Unit	00200	Inpatient Charges	2,189,162.	
03400	Surgical Intensive Care Unit	00200	Inpatient Charges	983,627.	
05000	Operating Room	00100	Cost to Charge Ratio	0.233404	CC Ratio
05000	Operating Room	00200	Inpatient Charges	10,529,609.	

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
05000	Operating Room	00300	Inpatient Cost	2,457,653.	
05000	Operating Room	00100	Cost to Charge Ratio	0.272209	CC Ratio
05000	Operating Room	00200	Inpatient Charges	585,820.	05001
05000	Operating Room	00300	Inpatient Cost	159,465.	05001
05100	Recovery Room	00100	Cost to Charge Ratio	0.216876	CC Ratio
05100	Recovery Room	00200	Inpatient Charges	1,474,440.	
05100	Recovery Room	00300	Inpatient Cost	319,771.	
05200	Delivery Room and Labor Room	00100	Cost to Charge Ratio	0.481782	CC Ratio
05200	Delivery Room and Labor Room	00200	Inpatient Charges	2,752.	
05200	Delivery Room and Labor Room	00300	Inpatient Cost	1,326.	
05300	Anesthesiology	00100	Cost to Charge Ratio	0.050015	CC Ratio
05300	Anesthesiology	00200	Inpatient Charges	2,294,289.	
05300	Anesthesiology	00300	Inpatient Cost	114,749.	
05400	Radiology - Diagnostc	00100	Cost to Charge Ratio	0.152504	CC Ratio
05400	Radiology - Diagnostc	00200	Inpatient Charges	3,663,630.	
05400	Radiology - Diagnostc	00300	Inpatient Cost	558,718.	
05500	Radiology - Therapeutic	00100	Cost to Charge Ratio	0.378373	CC Ratio
05500	Radiology - Therapeutic	00200	Inpatient Charges	11,297.	
05500	Radiology - Therapeutic	00300	Inpatient Cost	4,274.	
05600	Radioisotope	00100	Cost to Charge Ratio	0.174159	CC Ratio
05600	Radioisotope	00200	Inpatient Charges	442,010.	
05600	Radioisotope	00300	Inpatient Cost	76,980.	
05700	Computer Tomography (CT) Scan	00100	Cost to Charge Ratio	0.061358	CC Ratio
05700	Computer Tomography (CT) Scan	00200	Inpatient Charges	4,074,965.	
05700	Computer Tomography (CT) Scan	00300	Inpatient Cost	250,032.	
05800	Magnetic Resonance Imaging (MRI)	00100	Cost to Charge Ratio	0.103705	CC Ratio
05800	Magnetic Resonance Imaging (MRI)	00200	Inpatient Charges	1,132,703.	
05800	Magnetic Resonance Imaging (MRI)	00300	Inpatient Cost	117,467.	
05900	Cardiac Catheterization	00100	Cost to Charge Ratio	0.088083	CC Ratio
05900	Cardiac Catheterization	00200	Inpatient Charges	5,771,701.	
05900	Cardiac Catheterization	00300	Inpatient Cost	508,389.	
06000	Laboratory	00100	Cost to Charge Ratio	0.091264	CC Ratio
06000	Laboratory	00200	Inpatient Charges	14,097,911.	
06000	Laboratory	00300	Inpatient Cost	1,286,632.	

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100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

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

D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
06300	Blood Storing, Processing and Transportation	00100	Cost to Charge Ratio	0.277737	CC Ratio
06300	Blood Storing, Processing and Transportation	00200	Inpatient Charges	2,573,645.	
06300	Blood Storing, Processing and Transportation	00300	Inpatient Cost	714,796.	
06400	Intravenous Therapy	00100	Cost to Charge Ratio	0.104819	CC Ratio
06400	Intravenous Therapy	00200	Inpatient Charges	1,369,269.	
06400	Intravenous Therapy	00300	Inpatient Cost	143,525.	
06500	Respiratory Therapy	00100	Cost to Charge Ratio	0.212881	CC Ratio
06500	Respiratory Therapy	00200	Inpatient Charges	2,452,924.	
06500	Respiratory Therapy	00300	Inpatient Cost	522,181.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.594279	CC Ratio
06600	Physical Therapy	00200	Inpatient Charges	831,650.	
06600	Physical Therapy	00300	Inpatient Cost	494,232.	
06700	Occupational Therapy	00100	Cost to Charge Ratio	0.412867	CC Ratio
06700	Occupational Therapy	00200	Inpatient Charges	223,660.	
06700	Occupational Therapy	00300	Inpatient Cost	92,342.	
06800	Speech Pathology	00100	Cost to Charge Ratio	0.412979	CC Ratio
06800	Speech Pathology	00200	Inpatient Charges	397,465.	
06800	Speech Pathology	00300	Inpatient Cost	164,145.	
06900	Electrocardiology	00100	Cost to Charge Ratio	0.033562	CC Ratio
06900	Electrocardiology	00200	Inpatient Charges	2,612,900.	
06900	Electrocardiology	00300	Inpatient Cost	87,694.	
07000	Electroencephalography	00100	Cost to Charge Ratio	0.126268	CC Ratio
07000	Electroencephalography	00200	Inpatient Charges	244,460.	
07000	Electroencephalography	00300	Inpatient Cost	30,867.	
07100	Medical Supplies Charged to Patients	00100	Cost to Charge Ratio	0.238379	CC Ratio
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	4,937,027.	
07100	Medical Supplies Charged to Patients	00300	Inpatient Cost	1,176,884.	
07200	Implantable Devices Charged to Patients	00100	Cost to Charge Ratio	0.315402	CC Ratio
07200	Implantable Devices Charged to Patients	00200	Inpatient Charges	14,800,622.	
07200	Implantable Devices Charged to Patients	00300	Inpatient Cost	4,668,146.	
07300	Drugs Charged to Patients	00100	Cost to Charge Ratio	0.209094	CC Ratio
07300	Drugs Charged to Patients	00200	Inpatient Charges	12,256,716.	
07300	Drugs Charged to Patients	00300	Inpatient Cost	2,562,806.	
07400	Renal Dialysis	00100	Cost to Charge Ratio	0.252386	CC Ratio

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

D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
07400	Renal Dialysis	00200	Inpatient Charges	842,363.	
07400	Renal Dialysis	00300	Inpatient Cost	212,601.	
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.245344	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	1,682.	07698
07600	Other Ancillary Cost	00300	Inpatient Cost	413.	07698
09000	Clinic	00100	Cost to Charge Ratio	1.564322	CC Ratio
09000	Clinic	00100	Cost to Charge Ratio	0.216553	CC Ratio
09100	Emergency	00100	Cost to Charge Ratio	0.153740	CC Ratio
09100	Emergency	00200	Inpatient Charges	3,769,141.	
09100	Emergency	00300	Inpatient Cost	579,468.	
09200	Observation Beds	00100	Cost to Charge Ratio	0.711533	CC Ratio
09200	Observation Beds	00200	Inpatient Charges	399,269.	
09200	Observation Beds	00300	Inpatient Cost	284,093.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	91,793,920.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	17,589,649.	
20200	Worksheet D3 Net Charges (Lines 200 minus 201)	00200	Inpatient Charges	91,793,920.	
A19	Hospital Medicaid				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	85,402.	
03100	Intensive Care Unit	00200	Inpatient Charges	1,284,000.	03101
03400	Surgical Intensive Care Unit	00200	Inpatient Charges	7,299.	
04300	Nursery	00200	Inpatient Charges	24,284.	
05000	Operating Room	00200	Inpatient Charges	42,654.	
05000	Operating Room	00200	Inpatient Charges	12,395.	05001
05100	Recovery Room	00200	Inpatient Charges	14,780.	
05200	Delivery Room and Labor Room	00200	Inpatient Charges	4,828.	
05300	Anesthesiology	00200	Inpatient Charges	13,761.	
05400	Radiology - Diagnostc	00200	Inpatient Charges	30,329.	
05500	Radiology - Therapeutic	00200	Inpatient Charges	69.	
05600	Radioisotope	00200	Inpatient Charges	4,336.	
05700	Computer Tomography (CT) Scan	00200	Inpatient Charges	37,632.	
05800	Magnetic Resonance Imaging (MRI)	00200	Inpatient Charges	41,250.	
05900	Cardiac Catheterization	00200	Inpatient Charges	6,065.	
06000	Laboratory	00200	Inpatient Charges	154,807.	

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
06300	Blood Storing, Processing and Transportation	00200	Inpatient Charges	5,217.	
06400	Intravenous Therapy	00200	Inpatient Charges	5,915.	
06500	Respiratory Therapy	00200	Inpatient Charges	37,796.	
06600	Physical Therapy	00200	Inpatient Charges	4,588.	
06700	Occupational Therapy	00200	Inpatient Charges	2,639.	
06800	Speech Pathology	00200	Inpatient Charges	4,200.	
06900	Electrocardiology	00200	Inpatient Charges	13,553.	
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	32,514.	
07200	Implantable Devices Charged to Patients	00200	Inpatient Charges	10,612.	
07300	Drugs Charged to Patients	00200	Inpatient Charges	89,906.	
07400	Renal Dialysis	00200	Inpatient Charges	7,360.	
07600	Other Ancillary Cost	00200	Inpatient Charges	17.	07698
09100	Emergency	00200	Inpatient Charges	46,526.	
09200	Observation Beds	00200	Inpatient Charges	1,679.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	625,428.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	102,433.	

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D00	Wkst D Apportionment of Costs				
1	Part 1 - Apportionment of Inpatient Routine - Service Capital Costs				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00100	Capital Related Cost	4,564,447.	
03000	Adults and Pediatrics - General Routine Care	00300	Net Capital Related Cost	4,564,447.	
03000	Adults and Pediatrics - General Routine Care	00400	Total Patient Days	43,633.	Days
03000	Adults and Pediatrics - General Routine Care	00500	Per Diem	104.61	Per Diem
03000	Adults and Pediatrics - General Routine Care	00600	Inpatient Program Days	16,117.	Days
03000	Adults and Pediatrics - General Routine Care	00700	Inpatient Capital Cost	1,685,999.	
03100	Intensive Care Unit	00100	Capital Related Cost	1,512,901.	
03100	Intensive Care Unit	00300	Net Capital Related Cost	1,512,901.	
03100	Intensive Care Unit	00400	Total Patient Days	12,918.	Days
03100	Intensive Care Unit	00500	Per Diem	117.12	Per Diem
03100	Intensive Care Unit	00600	Inpatient Program Days	5,194.	Days
03100	Intensive Care Unit	00700	Inpatient Capital Cost	608,321.	

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D00	Wkst D Apportionment of Costs				
1	Part 1 - Apportionment of Inpatient Routine - Service Capital Costs				
20000	Worksheet D Part 1 Total (Lines 30-199)	00100	Capital Related Cost	6,077,348.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00300	Net Capital Related Cost	6,077,348.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00400	Total Patient Days	56,551.	Days
20000	Worksheet D Part 1 Total (Lines 30-199)	00600	Inpatient Program Days	21,311.	Days
20000	Worksheet D Part 1 Total (Lines 30-199)	00700	Inpatient Capital Cost	2,294,320.	
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
A18	Hospital Medicare				
05000	Operating Room	00100	Capital Related Cost	2,252,197.	
05000	Operating Room	00200	Total Charges	257,027,574.	
05000	Operating Room	00300	Cost to Charge Ratio	0.008762	Ratio
05000	Operating Room	00400	Inpatient Charges	63,333,225.	
05000	Operating Room	00500	Capital Costs	554,926.	
05400	Radiology - Diagnositc	00100	Capital Related Cost	578,042.	
05400	Radiology - Diagnositc	00200	Total Charges	42,452,085.	
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.013616	Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	9,586,532.	
05400	Radiology - Diagnositc	00500	Capital Costs	130,530.	
05400	Radiology - Diagnositc	00100	Capital Related Cost	34,027.	05401
05400	Radiology - Diagnositc	00200	Total Charges	17,009,128.	05401
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.002001	Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	3,387,402.	05401
05400	Radiology - Diagnositc	00500	Capital Costs	6,778.	05401
05600	Radioisotope	00100	Capital Related Cost	43,866.	
05600	Radioisotope	00200	Total Charges	4,511,872.	
05600	Radioisotope	00300	Cost to Charge Ratio	0.009722	Ratio
05600	Radioisotope	00400	Inpatient Charges	1,028,977.	
05600	Radioisotope	00500	Capital Costs	10,004.	
05700	Computer Tomography (CT) Scan	00100	Capital Related Cost	163,781.	
05700	Computer Tomography (CT) Scan	00200	Total Charges	158,657,620.	
05700	Computer Tomography (CT) Scan	00300	Cost to Charge Ratio	0.001032	Ratio
05700	Computer Tomography (CT) Scan	00400	Inpatient Charges	31,069,966.	
05700	Computer Tomography (CT) Scan	00500	Capital Costs	32,064.	
05900	Cardiac Catheterization	00100	Capital Related Cost	385,000.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05900	Cardiac Catheterization	00200	Total Charges	207,576,439.	
05900	Cardiac Catheterization	00300	Cost to Charge Ratio	0.001855	Ratio
05900	Cardiac Catheterization	00400	Inpatient Charges	36,083,578.	
05900	Cardiac Catheterization	00500	Capital Costs	66,935.	
06000	Laboratory	00100	Capital Related Cost	442,861.	
06000	Laboratory	00200	Total Charges	218,129,547.	
06000	Laboratory	00300	Cost to Charge Ratio	0.002030	Ratio
06000	Laboratory	00400	Inpatient Charges	61,169,340.	
06000	Laboratory	00500	Capital Costs	124,174.	
06500	Respiratory Therapy	00100	Capital Related Cost	237,276.	
06500	Respiratory Therapy	00200	Total Charges	36,593,758.	
06500	Respiratory Therapy	00300	Cost to Charge Ratio	0.006484	Ratio
06500	Respiratory Therapy	00400	Inpatient Charges	13,373,842.	
06500	Respiratory Therapy	00500	Capital Costs	86,716.	
06600	Physical Therapy	00100	Capital Related Cost	289,187.	
06600	Physical Therapy	00200	Total Charges	12,147,625.	
06600	Physical Therapy	00300	Cost to Charge Ratio	0.023806	Ratio
06600	Physical Therapy	00400	Inpatient Charges	5,105,296.	
06600	Physical Therapy	00500	Capital Costs	121,537.	
06600	Physical Therapy	00100	Capital Related Cost	302,713.	06602
06600	Physical Therapy	00200	Total Charges	8,692,439.	06602
06600	Physical Therapy	00300	Cost to Charge Ratio	0.034825	Ratio
06600	Physical Therapy	00400	Inpatient Charges	479,992.	06602
06600	Physical Therapy	00500	Capital Costs	16,716.	06602
06800	Speech Pathology	00100	Capital Related Cost	3,170.	
06800	Speech Pathology	00200	Total Charges	684,420.	
06800	Speech Pathology	00300	Cost to Charge Ratio	0.004632	Ratio
06800	Speech Pathology	00400	Inpatient Charges	308,107.	
06800	Speech Pathology	00500	Capital Costs	1,427.	
06900	Electrocardiology	00100	Capital Related Cost	65,425.	
06900	Electrocardiology	00200	Total Charges	47,877,783.	
06900	Electrocardiology	00300	Cost to Charge Ratio	0.001367	Ratio
06900	Electrocardiology	00400	Inpatient Charges	13,022,112.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
06900	Electrocardiology	00500	Capital Costs	17,801.	
07000	Electroencephalography	00100	Capital Related Cost	25,054.	
07000	Electroencephalography	00200	Total Charges	3,056,028.	
07000	Electroencephalography	00300	Cost to Charge Ratio	0.008198	Ratio
07000	Electroencephalography	00400	Inpatient Charges	590,501.	
07000	Electroencephalography	00500	Capital Costs	4,841.	
07100	Medical Supplies Charged to Patients	00100	Capital Related Cost	339,080.	
07100	Medical Supplies Charged to Patients	00200	Total Charges	88,653,055.	
07100	Medical Supplies Charged to Patients	00300	Cost to Charge Ratio	0.003825	Ratio
07100	Medical Supplies Charged to Patients	00400	Inpatient Charges	24,520,887.	
07100	Medical Supplies Charged to Patients	00500	Capital Costs	93,792.	
07200	Implantable Devices Charged to Patients	00100	Capital Related Cost	662,605.	
07200	Implantable Devices Charged to Patients	00200	Total Charges	159,056,797.	
07200	Implantable Devices Charged to Patients	00300	Cost to Charge Ratio	0.004166	Ratio
07200	Implantable Devices Charged to Patients	00400	Inpatient Charges	44,234,216.	
07200	Implantable Devices Charged to Patients	00500	Capital Costs	184,280.	
07300	Drugs Charged to Patients	00100	Capital Related Cost	364,101.	
07300	Drugs Charged to Patients	00200	Total Charges	300,047,596.	
07300	Drugs Charged to Patients	00300	Cost to Charge Ratio	0.001213	Ratio
07300	Drugs Charged to Patients	00400	Inpatient Charges	86,915,398.	
07300	Drugs Charged to Patients	00500	Capital Costs	105,428.	
07400	Renal Dialysis	00100	Capital Related Cost	12,544.	
07400	Renal Dialysis	00200	Total Charges	4,694,782.	
07400	Renal Dialysis	00300	Cost to Charge Ratio	0.002672	Ratio
07400	Renal Dialysis	00400	Inpatient Charges	1,930,389.	
07400	Renal Dialysis	00500	Capital Costs	5,158.	
09100	Emergency	00100	Capital Related Cost	825,356.	
09100	Emergency	00200	Total Charges	117,883,228.	
09100	Emergency	00300	Cost to Charge Ratio	0.007001	Ratio
09100	Emergency	00400	Inpatient Charges	16,658,321.	
09100	Emergency	00500	Capital Costs	116,625.	
09200	Observation Beds	00100	Capital Related Cost	700,576.	
09200	Observation Beds	00200	Total Charges	12,767,521.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
09200	Observation Beds	00300	Cost to Charge Ratio	0.054872	Ratio
09200	Observation Beds	00400	Inpatient Charges	1,499,248.	
09200	Observation Beds	00500	Capital Costs	82,267.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00100	Capital Related Cost	7,726,861.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00200	Total Charges	1,697,519,297.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00400	Inpatient Charges	414,297,329.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00500	Capital Costs	1,761,999.	
3	Part 3 - Apportionment of Inpatient Routine Service - Other Pass Through Cost				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00600	Total Patient Days	43,633.	Days
03000	Adults and Pediatrics - General Routine Care	00800	Program Inpatient Days	16,117.	Days
03100	Intensive Care Unit	00600	Total Patient Days	12,918.	Days
03100	Intensive Care Unit	00800	Program Inpatient Days	5,194.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00600	Total Patient Days	56,551.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00800	Program Inpatient Days	21,311.	Days
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
A18	Hospital Medicare				
05000	Operating Room	00700	Total Charges	257,027,574.	
05000	Operating Room	01000	Inpatient Charges	63,333,225.	
05000	Operating Room	01200	Outpatient Charges	24,050,712.	
05400	Radiology - Diagnostc	00700	Total Charges	42,452,085.	
05400	Radiology - Diagnostc	01000	Inpatient Charges	9,586,532.	
05400	Radiology - Diagnostc	01200	Outpatient Charges	6,340,557.	
05400	Radiology - Diagnostc	00700	Total Charges	17,009,128.	05401
05400	Radiology - Diagnostc	01000	Inpatient Charges	3,387,402.	05401
05400	Radiology - Diagnostc	01200	Outpatient Charges	1,829,565.	05401
05600	Radioisotope	00700	Total Charges	4,511,872.	
05600	Radioisotope	01000	Inpatient Charges	1,028,977.	
05600	Radioisotope	01200	Outpatient Charges	496,911.	
05700	Computer Tomography (CT) Scan	00700	Total Charges	158,657,620.	
05700	Computer Tomography (CT) Scan	01000	Inpatient Charges	31,069,966.	
05700	Computer Tomography (CT) Scan	01200	Outpatient Charges	26,402,563.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
05900	Cardiac Catheterization	00700	Total Charges	207,576,439.	
05900	Cardiac Catheterization	01000	Inpatient Charges	36,083,578.	
05900	Cardiac Catheterization	01200	Outpatient Charges	48,044,576.	
06000	Laboratory	00700	Total Charges	218,129,547.	
06000	Laboratory	01000	Inpatient Charges	61,169,340.	
06000	Laboratory	01200	Outpatient Charges	14,547,880.	
06500	Respiratory Therapy	00700	Total Charges	36,593,758.	
06500	Respiratory Therapy	01000	Inpatient Charges	13,373,842.	
06500	Respiratory Therapy	01200	Outpatient Charges	788,868.	
06600	Physical Therapy	00700	Total Charges	12,147,625.	
06600	Physical Therapy	01000	Inpatient Charges	5,105,296.	
06600	Physical Therapy	00700	Total Charges	8,692,439.	06602
06600	Physical Therapy	01000	Inpatient Charges	479,992.	06602
06600	Physical Therapy	01200	Outpatient Charges	3,943,924.	06602
06800	Speech Pathology	00700	Total Charges	684,420.	
06800	Speech Pathology	01000	Inpatient Charges	308,107.	
06900	Electrocardiology	00700	Total Charges	47,877,783.	
06900	Electrocardiology	01000	Inpatient Charges	13,022,112.	
06900	Electrocardiology	01200	Outpatient Charges	6,438,732.	
07000	Electroencephalography	00700	Total Charges	3,056,028.	
07000	Electroencephalography	01000	Inpatient Charges	590,501.	
07000	Electroencephalography	01200	Outpatient Charges	45,857.	
07100	Medical Supplies Charged to Patients	00700	Total Charges	88,653,055.	
07100	Medical Supplies Charged to Patients	01000	Inpatient Charges	24,520,887.	
07100	Medical Supplies Charged to Patients	01200	Outpatient Charges	10,129,068.	
07200	Implantable Devices Charged to Patients	00700	Total Charges	159,056,797.	
07200	Implantable Devices Charged to Patients	01000	Inpatient Charges	44,234,216.	
07200	Implantable Devices Charged to Patients	01200	Outpatient Charges	25,720,383.	
07300	Drugs Charged to Patients	00700	Total Charges	300,047,596.	
07300	Drugs Charged to Patients	01000	Inpatient Charges	86,915,398.	
07300	Drugs Charged to Patients	01200	Outpatient Charges	18,622,323.	
07400	Renal Dialysis	00700	Total Charges	4,694,782.	
07400	Renal Dialysis	01000	Inpatient Charges	1,930,389.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
09100	Emergency	00700	Total Charges	117,883,228.	
09100	Emergency	01000	Inpatient Charges	16,658,321.	
09100	Emergency	01200	Outpatient Charges	15,485,803.	
09200	Observation Beds	00700	Total Charges	12,767,521.	
09200	Observation Beds	01000	Inpatient Charges	1,499,248.	
09200	Observation Beds	01200	Outpatient Charges	1,260,700.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00700	Total Charges	1,697,519,297.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01000	Inpatient Charges	414,297,329.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01200	Outpatient Charges	204,148,422.	
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
A18	Hospital Medicare				
05000	Operating Room	00100	CC Ratio Wkst C Part 1	0.072270	CC Ratio
05000	Operating Room	00200	PPS Reimbrused Services	24,050,712.	Charges
05000	Operating Room	00500	PPS Reimbrused Services	1,738,145.	Cost
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.111179	CC Ratio
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	6,340,557.	Charges
05400	Radiology - Diagnositc	00500	PPS Reimbrused Services	704,937.	Cost
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.042923	CC Ratio
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	1,829,565.	Charges
05400	Radiology - Diagnositc	00500	PPS Reimbrused Services	78,530.	Cost
05600	Radioisotope	00100	CC Ratio Wkst C Part 1	0.160437	CC Ratio
05600	Radioisotope	00200	PPS Reimbrused Services	496,911.	Charges
05600	Radioisotope	00500	PPS Reimbrused Services	79,723.	Cost
05700	Computer Tomography (CT) Scan	00100	CC Ratio Wkst C Part 1	0.011745	CC Ratio
05700	Computer Tomography (CT) Scan	00200	PPS Reimbrused Services	26,402,563.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
05700	Computer Tomography (CT) Scan	00500	PPS Reimbrused Services	310,098.	Cost
05900	Cardiac Catheterization	00100	CC Ratio Wkst C Part 1	0.022009	CC Ratio
05900	Cardiac Catheterization	00200	PPS Reimbrused Services	48,044,576.	Charges
05900	Cardiac Catheterization	00500	PPS Reimbrused Services	1,057,413.	Cost
06000	Laboratory	00100	CC Ratio Wkst C Part 1	0.040560	CC Ratio
06000	Laboratory	00200	PPS Reimbrused Services	14,547,880.	Charges
06000	Laboratory	00500	PPS Reimbrused Services	590,062.	Cost
06500	Respiratory Therapy	00100	CC Ratio Wkst C Part 1	0.095194	CC Ratio
06500	Respiratory Therapy	00200	PPS Reimbrused Services	788,868.	Charges
06500	Respiratory Therapy	00500	PPS Reimbrused Services	75,096.	Cost
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.217128	CC Ratio
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.345239	CC Ratio
06600	Physical Therapy	00200	PPS Reimbrused Services	3,943,924.	Charges
06600	Physical Therapy	00500	PPS Reimbrused Services	1,361,596.	Cost
06800	Speech Pathology	00100	CC Ratio Wkst C Part 1	0.370235	CC Ratio
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.022264	CC Ratio
06900	Electrocardiology	00200	PPS Reimbrused Services	6,438,732.	Charges
06900	Electrocardiology	00500	PPS Reimbrused Services	143,352.	Cost
07000	Electroencephalography	00100	CC Ratio Wkst C Part 1	0.071025	CC Ratio
07000	Electroencephalography	00200	PPS Reimbrused Services	45,857.	Charges
07000	Electroencephalography	00500	PPS Reimbrused Services	3,257.	Cost
07100	Medical Supplies Charged to Patients	00100	CC Ratio Wkst C Part 1	0.237046	CC Ratio
07100	Medical Supplies Charged to Patients	00200	PPS Reimbrused Services	10,129,068.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
07100	Medical Supplies Charged to Patients	00500	PPS Reimbrused Services	2,401,055.	Cost
07200	Implantable Devices Charged to Patients	00100	CC Ratio Wkst C Part 1	0.258388	CC Ratio
07200	Implantable Devices Charged to Patients	00200	PPS Reimbrused Services	25,720,383.	Charges
07200	Implantable Devices Charged to Patients	00500	PPS Reimbrused Services	6,645,838.	Cost
07300	Drugs Charged to Patients	00100	CC Ratio Wkst C Part 1	0.051160	CC Ratio
07300	Drugs Charged to Patients	00200	PPS Reimbrused Services	18,622,323.	Charges
07300	Drugs Charged to Patients	00300	Cost Reimb Svcs - Co-Ins	580.	Charges
07300	Drugs Charged to Patients	00400	Cost Reimb Svcs - No Co-I	79,850.	Charges
07300	Drugs Charged to Patients	00500	PPS Reimbrused Services	952,718.	Cost
07300	Drugs Charged to Patients	00600	Cost Reimb Svcs - Co-Ins	30.	Cost
07300	Drugs Charged to Patients	00700	Cost Reimb Svcs - No Co-I	4,085.	Cost
07400	Renal Dialysis	00100	CC Ratio Wkst C Part 1	0.239085	CC Ratio
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.064307	CC Ratio
09100	Emergency	00200	PPS Reimbrused Services	15,485,803.	Charges
09100	Emergency	00500	PPS Reimbrused Services	995,846.	Cost
09200	Observation Beds	00100	CC Ratio Wkst C Part 1	0.431707	CC Ratio
09200	Observation Beds	00200	PPS Reimbrused Services	1,260,700.	Charges
09200	Observation Beds	00500	PPS Reimbrused Services	544,253.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00200	PPS Reimbrused Services	204,148,422.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00300	Cost Reimb Svcs - Co-Ins	580.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00400	Cost Reimb Svcs - No Co-I	79,850.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00500	PPS Reimbrused Services	17,681,919.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00600	Cost Reimb Svcs - Co-Ins	30.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00700	Cost Reimb Svcs - No Co-I	4,085.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00200	PPS Reimbrused Services	204,148,422.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00300	Cost Reimb Svcs - Co-Ins	580.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00400	Cost Reimb Svcs - No Co-I	79,850.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00500	PPS Reimbrused Services	17,681,919.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00600	Cost Reimb Svcs - Co-Ins	30.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00700	Cost Reimb Svcs - No Co-I	4,085.	Cost
A19	Hospital Medicaid				
05000	Operating Room	00300	Cost Reimb Svcs - Co-Ins	208,166.	Charges
05400	Radiology - Diagnostc	00300	Cost Reimb Svcs - Co-Ins	298,724.	Charges
05400	Radiology - Diagnostc	00300	Cost Reimb Svcs - Co-Ins	342,358.	Charges
05700	Computer Tomography (CT) Scan	00300	Cost Reimb Svcs - Co-Ins	1,203,325.	Charges
05900	Cardiac Catheterization	00300	Cost Reimb Svcs - Co-Ins	337,828.	Charges
06000	Laboratory	00300	Cost Reimb Svcs - Co-Ins	1,379,203.	Charges
06500	Respiratory Therapy	00300	Cost Reimb Svcs - Co-Ins	33,437.	Charges
06600	Physical Therapy	00300	Cost Reimb Svcs - Co-Ins	1,410.	Charges
06900	Electrocardiology	00300	Cost Reimb Svcs - Co-Ins	182,070.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
07000	Electroencephalography	00300	Cost Reimb Svcs - Co-Ins	1,329.	Charges
07100	Medical Supplies Charged to Patients	00300	Cost Reimb Svcs - Co-Ins	163,138.	Charges
07200	Implantable Devices Charged to Patients	00300	Cost Reimb Svcs - Co-Ins	134,693.	Charges
07300	Drugs Charged to Patients	00300	Cost Reimb Svcs - Co-Ins	737,285.	Charges
07400	Renal Dialysis	00300	Cost Reimb Svcs - Co-Ins	30,538.	Charges
09100	Emergency	00300	Cost Reimb Svcs - Co-Ins	2,273,051.	Charges
09200	Observation Beds	00300	Cost Reimb Svcs - Co-Ins	99,528.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00300	Cost Reimb Svcs - Co-Ins	7,426,083.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00600	Cost Reimb Svcs - Co-Ins	455,731.	Cost
D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
A18	Hospital Medicare				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	43,633.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	43,633.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	36,936.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	16,117.	Days
02100	Total General Inpatient Routine Service Cost	00100	Inpatient Amount	35,911,081.	
02700	General Inpatient Routine Service Cost Net of Swing-Bed Cost (Line 21 Minus Line 26).	00100	Inpatient Amount	35,911,081.	
03700	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	35,911,081.	
03800	Adjusted General Inpatient Routine Service Cost Per Diem	00100	Inpatient Amount	823.03	Per Diem

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
03900	Program General Inpatient Routine Service Cost (Line 9 Times Line 38)	00100	Inpatient Amount	13,264,775.	
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	13,264,775.	
04300	Intensive Care Unit	00100	Inpatient Amount	19,363,751.	
04300	Intensive Care Unit	00200	Inpatient Days	12,918.	Days
04300	Intensive Care Unit	00300	Average Per Diem	1,498.97	Per Diem
04300	Intensive Care Unit	00400	Program Days	5,194.	Days
04300	Intensive Care Unit	00500	Program Cost	7,785,650.	
04800	Program Inpatient Ancillary Service Cost (Worksteet D-4 Column 03 Line 101)	00100	Inpatient Amount	36,458,820.	
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	57,509,245.	
05000	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 1 and 3).	00100	Inpatient Amount	2,294,320.	
05100	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 2 and 4).	00100	Inpatient Amount	1,761,999.	
05200	Total Program Excluded Cost (Sum of Lines 50 and 51)	00100	Inpatient Amount	4,056,319.	
05300	Total program inpatient operating cost excluding captial related, nonphysician anesthetist and medical education cost (line 4	00100	Inpatient Amount	53,452,926.	
08700	Total Observation Bed Days	00100	Inpatient Amount	6,697.	Days
08800	Adjusted General Inpatient Routine Cost Per Diem (Line 27 Divided by Line 02)	00100	Inpatient Amount	823.03	Per Diem
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	5,511,832.	
09000	Capital Related Cost	00100	Inpatient Amount	4,564,447.	
09000	Capital Related Cost	00200	Inpatient Days	35,911,081.	Days
09000	Capital Related Cost	00300	Average Per Diem	0.13	Per Diem
09000	Capital Related Cost	00400	Program Days	5,511,832.	Days
09000	Capital Related Cost	00500	Program Cost	700,576.	
09100	Nursing School Cost	00200	Inpatient Days	35,911,081.	Days
09100	Nursing School Cost	00400	Program Days	5,511,832.	Days

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
09200	Allied Health Cost	00200	Inpatient Days	35,911,081.	Days
09200	Allied Health Cost	00400	Program Days	5,511,832.	Days
09300	All Other Medical Education	00200	Inpatient Days	35,911,081.	Days
09300	All Other Medical Education	00400	Program Days	5,511,832.	Days
A19	Hospital Medicaid				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	43,633.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	43,633.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	36,936.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	1,020.	Days
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	3,352,302.	
08700	Total Observation Bed Days	00100	Inpatient Amount	6,697.	Days
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	5,511,162.	
D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	65,269,565.	
03100	Intensive Care Unit	00200	Inpatient Charges	37,797,223.	
05000	Operating Room	00100	Cost to Charge Ratio	0.072270	CC Ratio
05000	Operating Room	00200	Inpatient Charges	63,333,225.	
05000	Operating Room	00300	Inpatient Cost	4,577,092.	
05400	Radiology - Diagnositc	00100	Cost to Charge Ratio	0.111179	CC Ratio
05400	Radiology - Diagnositc	00200	Inpatient Charges	9,586,532.	
05400	Radiology - Diagnositc	00300	Inpatient Cost	1,065,821.	
05400	Radiology - Diagnositc	00100	Cost to Charge Ratio	0.042923	CC Ratio
05400	Radiology - Diagnositc	00200	Inpatient Charges	3,387,402.	05401
05400	Radiology - Diagnositc	00300	Inpatient Cost	145,397.	05401
05600	Radioisotope	00100	Cost to Charge Ratio	0.160437	CC Ratio
05600	Radioisotope	00200	Inpatient Charges	1,028,977.	
05600	Radioisotope	00300	Inpatient Cost	165,086.	

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
05700	Computer Tomography (CT) Scan	00100	Cost to Charge Ratio	0.011745	CC Ratio
05700	Computer Tomography (CT) Scan	00200	Inpatient Charges	31,069,966.	
05700	Computer Tomography (CT) Scan	00300	Inpatient Cost	364,917.	
05900	Cardiac Catheterization	00100	Cost to Charge Ratio	0.022100	CC Ratio
05900	Cardiac Catheterization	00200	Inpatient Charges	36,083,578.	
05900	Cardiac Catheterization	00300	Inpatient Cost	797,447.	
06000	Laboratory	00100	Cost to Charge Ratio	0.040560	CC Ratio
06000	Laboratory	00200	Inpatient Charges	61,169,340.	
06000	Laboratory	00300	Inpatient Cost	2,481,028.	
06500	Respiratory Therapy	00100	Cost to Charge Ratio	0.095194	CC Ratio
06500	Respiratory Therapy	00200	Inpatient Charges	13,373,842.	
06500	Respiratory Therapy	00300	Inpatient Cost	1,273,110.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.217128	CC Ratio
06600	Physical Therapy	00200	Inpatient Charges	5,105,296.	
06600	Physical Therapy	00300	Inpatient Cost	1,108,503.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.345239	CC Ratio
06600	Physical Therapy	00200	Inpatient Charges	479,992.	06602
06600	Physical Therapy	00300	Inpatient Cost	165,712.	06602
06800	Speech Pathology	00100	Cost to Charge Ratio	0.370235	CC Ratio
06800	Speech Pathology	00200	Inpatient Charges	308,107.	
06800	Speech Pathology	00300	Inpatient Cost	114,072.	
06900	Electrocardiology	00100	Cost to Charge Ratio	0.022264	CC Ratio
06900	Electrocardiology	00200	Inpatient Charges	13,022,112.	
06900	Electrocardiology	00300	Inpatient Cost	289,924.	
07000	Electroencephalography	00100	Cost to Charge Ratio	0.071025	CC Ratio
07000	Electroencephalography	00200	Inpatient Charges	590,501.	
07000	Electroencephalography	00300	Inpatient Cost	41,940.	
07100	Medical Supplies Charged to Patients	00100	Cost to Charge Ratio	0.237046	CC Ratio
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	24,520,887.	
07100	Medical Supplies Charged to Patients	00300	Inpatient Cost	5,812,578.	
07200	Implantable Devices Charged to Patients	00100	Cost to Charge Ratio	0.258388	CC Ratio
07200	Implantable Devices Charged to Patients	00200	Inpatient Charges	44,234,216.	
07200	Implantable Devices Charged to Patients	00300	Inpatient Cost	11,429,591.	
07300	Drugs Charged to Patients	00100	Cost to Charge Ratio	0.051160	CC Ratio

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
07400	Renal Dialysis	00200	Inpatient Charges	334,663.	
09100	Emergency	00200	Inpatient Charges	762,448.	
09200	Observation Beds	00200	Inpatient Charges	90,719.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	25,556,629.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	1,820,389.	

100253 JUPITER MEDICAL CENTER JUPITER, FL 33458

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

D00	Wkst D Apportionment of Costs				
1	Part 1 - Apportionment of Inpatient Routine - Service Capital Costs				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00100	Capital Related Cost	6,055,453.	
03000	Adults and Pediatrics - General Routine Care	00300	Net Capital Related Cost	6,055,453.	
03000	Adults and Pediatrics - General Routine Care	00400	Total Patient Days	46,951.	Days
03000	Adults and Pediatrics - General Routine Care	00500	Per Diem	128.97	Per Diem
03000	Adults and Pediatrics - General Routine Care	00600	Inpatient Program Days	17,114.	Days
03000	Adults and Pediatrics - General Routine Care	00700	Inpatient Capital Cost	2,207,193.	
03100	Intensive Care Unit	00100	Capital Related Cost	870,299.	
03100	Intensive Care Unit	00300	Net Capital Related Cost	870,299.	
03100	Intensive Care Unit	00400	Total Patient Days	5,745.	Days
03100	Intensive Care Unit	00500	Per Diem	151.49	Per Diem
03100	Intensive Care Unit	00600	Inpatient Program Days	3,707.	Days
03100	Intensive Care Unit	00700	Inpatient Capital Cost	561,573.	
04300	Nursery	00100	Capital Related Cost	119,912.	
04300	Nursery	00300	Net Capital Related Cost	119,912.	
04300	Nursery	00400	Total Patient Days	3,299.	Days
04300	Nursery	00500	Per Diem	36.35	Per Diem
20000	Worksheet D Part 1 Total (Lines 30-199)	00100	Capital Related Cost	7,045,664.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00300	Net Capital Related Cost	7,045,664.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00400	Total Patient Days	55,995.	Days
20000	Worksheet D Part 1 Total (Lines 30-199)	00600	Inpatient Program Days	20,821.	Days
20000	Worksheet D Part 1 Total (Lines 30-199)	00700	Inpatient Capital Cost	2,768,766.	

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100253 JUPITER MEDICAL CENTER JUPITER, FL 33458

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

D00	Wkst D Apportionment of Costs			
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs			
A18	Hospital Medicare			
05000	Operating Room	00100	Capital Related Cost	2,902,284.
05000	Operating Room	00200	Total Charges	142,750,904.
05000	Operating Room	00300	Cost to Charge Ratio	0.020331 Ratio
05000	Operating Room	00400	Inpatient Charges	28,956,415.
05000	Operating Room	00500	Capital Costs	588,713.
05100	Recovery Room	00100	Capital Related Cost	183,598.
05100	Recovery Room	00200	Total Charges	25,208,641.
05100	Recovery Room	00300	Cost to Charge Ratio	0.007283 Ratio
05100	Recovery Room	00400	Inpatient Charges	4,521,882.
05100	Recovery Room	00500	Capital Costs	32,933.
05200	Delivery Room and Labor Room	00100	Capital Related Cost	1,083,745.
05200	Delivery Room and Labor Room	00200	Total Charges	12,250,591.
05200	Delivery Room and Labor Room	00300	Cost to Charge Ratio	0.088465 Ratio
05200	Delivery Room and Labor Room	00400	Inpatient Charges	8,363.
05200	Delivery Room and Labor Room	00500	Capital Costs	740.
05300	Anesthesiology	00100	Capital Related Cost	49,351.
05300	Anesthesiology	00200	Total Charges	28,308,010.
05300	Anesthesiology	00300	Cost to Charge Ratio	0.001743 Ratio
05300	Anesthesiology	00400	Inpatient Charges	4,963,790.
05300	Anesthesiology	00500	Capital Costs	8,652.
05400	Radiology - Diagnositc	00100	Capital Related Cost	1,733,636.
05400	Radiology - Diagnositc	00200	Total Charges	150,952,212.
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.011485 Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	14,020,640.
05400	Radiology - Diagnositc	00500	Capital Costs	161,027.
05500	Radiology - Therapeutic	00100	Capital Related Cost	898,976. 05501
05500	Radiology - Therapeutic	00200	Total Charges	73,245,700. 05501
05500	Radiology - Therapeutic	00300	Cost to Charge Ratio	0.012273 Ratio
05500	Radiology - Therapeutic	00400	Inpatient Charges	1,021,922. 05501
05500	Radiology - Therapeutic	00500	Capital Costs	12,542. 05501
05900	Cardiac Catheterization	00100	Capital Related Cost	493,664.
05900	Cardiac Catheterization	00200	Total Charges	42,745,611.

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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05900	Cardiac Catheterization	00300	Cost to Charge Ratio	0.011549	Ratio
05900	Cardiac Catheterization	00400	Inpatient Charges	2,694,320.	
05900	Cardiac Catheterization	00500	Capital Costs	31,117.	
06000	Laboratory	00100	Capital Related Cost	594,608.	
06000	Laboratory	00200	Total Charges	172,801,217.	
06000	Laboratory	00300	Cost to Charge Ratio	0.003441	Ratio
06000	Laboratory	00400	Inpatient Charges	39,616,987.	
06000	Laboratory	00500	Capital Costs	136,322.	
06500	Respiratory Therapy	00100	Capital Related Cost	218,286.	
06500	Respiratory Therapy	00200	Total Charges	20,915,742.	
06500	Respiratory Therapy	00300	Cost to Charge Ratio	0.010436	Ratio
06500	Respiratory Therapy	00400	Inpatient Charges	5,602,331.	
06500	Respiratory Therapy	00500	Capital Costs	58,466.	
06600	Physical Therapy	00100	Capital Related Cost	1,171,499.	
06600	Physical Therapy	00200	Total Charges	34,255,539.	
06600	Physical Therapy	00300	Cost to Charge Ratio	0.034199	Ratio
06600	Physical Therapy	00400	Inpatient Charges	8,327,203.	
06600	Physical Therapy	00500	Capital Costs	284,782.	
06900	Electrocardiology	00100	Capital Related Cost	47,938.	
06900	Electrocardiology	00200	Total Charges	18,611,829.	
06900	Electrocardiology	00300	Cost to Charge Ratio	0.002576	Ratio
06900	Electrocardiology	00400	Inpatient Charges	4,984,362.	
06900	Electrocardiology	00500	Capital Costs	12,840.	
07100	Medical Supplies Charged to Patients	00100	Capital Related Cost	391,449.	
07100	Medical Supplies Charged to Patients	00200	Total Charges	52,977,524.	
07100	Medical Supplies Charged to Patients	00300	Cost to Charge Ratio	0.007389	Ratio
07100	Medical Supplies Charged to Patients	00400	Inpatient Charges	15,036,701.	
07100	Medical Supplies Charged to Patients	00500	Capital Costs	111,106.	
07200	Implantable Devices Charged to Patients	00100	Capital Related Cost	563,895.	
07200	Implantable Devices Charged to Patients	00200	Total Charges	77,749,033.	
07200	Implantable Devices Charged to Patients	00300	Cost to Charge Ratio	0.007253	Ratio
07200	Implantable Devices Charged to Patients	00400	Inpatient Charges	28,561,446.	
07200	Implantable Devices Charged to Patients	00500	Capital Costs	207,156.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
07300	Drugs Charged to Patients	00100	Capital Related Cost	791,238.	
07300	Drugs Charged to Patients	00200	Total Charges	182,410,812.	
07300	Drugs Charged to Patients	00300	Cost to Charge Ratio	0.004338	Ratio
07300	Drugs Charged to Patients	00400	Inpatient Charges	42,371,515.	
07300	Drugs Charged to Patients	00500	Capital Costs	183,808.	
07600	Other Ancillary Cost	00100	Capital Related Cost	180,528.	07697
07600	Other Ancillary Cost	00200	Total Charges	2,809,534.	07697
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.064255	Ratio
07600	Other Ancillary Cost	00100	Capital Related Cost	266,143.	07698
07600	Other Ancillary Cost	00200	Total Charges	24,808,788.	07698
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.010728	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	4,440.	07698
07600	Other Ancillary Cost	00500	Capital Costs	48.	07698
09000	Clinic	00100	Capital Related Cost	190,753.	
09000	Clinic	00200	Total Charges	4,507,387.	
09000	Clinic	00300	Cost to Charge Ratio	0.042320	Ratio
09100	Emergency	00100	Capital Related Cost	1,945,051.	
09100	Emergency	00200	Total Charges	91,252,843.	
09100	Emergency	00300	Cost to Charge Ratio	0.021315	Ratio
09100	Emergency	00400	Inpatient Charges	10,147,681.	
09100	Emergency	00500	Capital Costs	216,298.	
09200	Observation Beds	00100	Capital Related Cost	621,399.	
09200	Observation Beds	00200	Total Charges	10,250,949.	
09200	Observation Beds	00300	Cost to Charge Ratio	0.060619	Ratio
09200	Observation Beds	00400	Inpatient Charges	611,216.	
09200	Observation Beds	00500	Capital Costs	37,051.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00100	Capital Related Cost	14,328,041.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00200	Total Charges	1,168,812,866.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00400	Inpatient Charges	211,451,214.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00500	Capital Costs	2,083,601.	
3	Part 3 - Apportionment of Inpatient Routine Service - Other Pass Through Cost				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00600	Total Patient Days	46,951.	Days

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D00	Wkst D Apportionment of Costs				
3	Part 3 - Apportionment of Inpatient Routine Service - Other Pass Through Cost				
03000	Adults and Pediatrics - General Routine Care	00800	Program Inpatient Days	17,114.	Days
03100	Intensive Care Unit	00600	Total Patient Days	5,745.	Days
03100	Intensive Care Unit	00800	Program Inpatient Days	3,707.	Days
04300	Nursery	00600	Total Patient Days	3,299.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00600	Total Patient Days	55,995.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00800	Program Inpatient Days	20,821.	Days
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
A18	Hospital Medicare				
05000	Operating Room	00700	Total Charges	142,750,904.	
05000	Operating Room	01000	Inpatient Charges	28,956,415.	
05000	Operating Room	01200	Outpatient Charges	38,882,748.	
05100	Recovery Room	00700	Total Charges	25,208,641.	
05100	Recovery Room	01000	Inpatient Charges	4,521,882.	
05100	Recovery Room	01200	Outpatient Charges	5,410,533.	
05200	Delivery Room and Labor Room	00700	Total Charges	12,250,591.	
05200	Delivery Room and Labor Room	01000	Inpatient Charges	8,363.	
05300	Anesthesiology	00700	Total Charges	28,308,010.	
05300	Anesthesiology	01000	Inpatient Charges	4,963,790.	
05300	Anesthesiology	01200	Outpatient Charges	4,956,492.	
05400	Radiology - Diagnostc	00700	Total Charges	150,952,212.	
05400	Radiology - Diagnostc	01000	Inpatient Charges	14,020,640.	
05400	Radiology - Diagnostc	01200	Outpatient Charges	39,174,513.	
05500	Radiology - Therapeutic	00700	Total Charges	73,245,700.	05501
05500	Radiology - Therapeutic	01000	Inpatient Charges	1,021,922.	05501
05500	Radiology - Therapeutic	01200	Outpatient Charges	28,429,262.	05501
05900	Cardiac Catheterization	00700	Total Charges	42,745,611.	
05900	Cardiac Catheterization	01000	Inpatient Charges	2,694,320.	
05900	Cardiac Catheterization	01200	Outpatient Charges	2,985,713.	
06000	Laboratory	00700	Total Charges	172,801,217.	
06000	Laboratory	01000	Inpatient Charges	39,616,987.	
06000	Laboratory	01200	Outpatient Charges	18,606,309.	
06500	Respiratory Therapy	00700	Total Charges	20,915,742.	
06500	Respiratory Therapy	01000	Inpatient Charges	5,602,331.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
06500	Respiratory Therapy	01200	Outpatient Charges	1,014,578.	
06600	Physical Therapy	00700	Total Charges	34,255,539.	
06600	Physical Therapy	01000	Inpatient Charges	8,327,203.	
06600	Physical Therapy	01200	Outpatient Charges	401,357.	
06900	Electrocardiology	00700	Total Charges	18,611,829.	
06900	Electrocardiology	01000	Inpatient Charges	4,984,362.	
06900	Electrocardiology	01200	Outpatient Charges	3,913,478.	
07100	Medical Supplies Charged to Patients	00700	Total Charges	52,977,524.	
07100	Medical Supplies Charged to Patients	01000	Inpatient Charges	15,036,701.	
07100	Medical Supplies Charged to Patients	01200	Outpatient Charges	8,265,391.	
07200	Implantable Devices Charged to Patients	00700	Total Charges	77,749,033.	
07200	Implantable Devices Charged to Patients	01000	Inpatient Charges	28,561,446.	
07200	Implantable Devices Charged to Patients	01200	Outpatient Charges	11,126,668.	
07300	Drugs Charged to Patients	00700	Total Charges	182,410,812.	
07300	Drugs Charged to Patients	01000	Inpatient Charges	42,371,515.	
07300	Drugs Charged to Patients	01200	Outpatient Charges	53,376,972.	
07600	Other Ancillary Cost	00700	Total Charges	2,809,534.	07697
07600	Other Ancillary Cost	01200	Outpatient Charges	1,653,694.	07697
07600	Other Ancillary Cost	00700	Total Charges	24,808,788.	07698
07600	Other Ancillary Cost	01000	Inpatient Charges	4,440.	07698
07600	Other Ancillary Cost	01200	Outpatient Charges	1,318,680.	07698
09000	Clinic	00700	Total Charges	4,507,387.	
09000	Clinic	01200	Outpatient Charges	55,682.	
09100	Emergency	00700	Total Charges	91,252,843.	
09100	Emergency	01000	Inpatient Charges	10,147,681.	
09100	Emergency	01200	Outpatient Charges	14,104,109.	
09200	Observation Beds	00700	Total Charges	10,250,949.	
09200	Observation Beds	01000	Inpatient Charges	611,216.	
09200	Observation Beds	01200	Outpatient Charges	8,816,921.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00700	Total Charges	1,168,812,866.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01000	Inpatient Charges	211,451,214.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01200	Outpatient Charges	242,493,100.	

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
A18	Hospital Medicare				
05000	Operating Room	00100	CC Ratio Wkst C Part 1	0.170340	CC Ratio
05000	Operating Room	00200	PPS Reimbrused Services	38,882,748.	Charges
05000	Operating Room	00500	PPS Reimbrused Services	6,623,287.	Cost
05100	Recovery Room	00100	CC Ratio Wkst C Part 1	0.099537	CC Ratio
05100	Recovery Room	00200	PPS Reimbrused Services	5,410,533.	Charges
05100	Recovery Room	00500	PPS Reimbrused Services	538,548.	Cost
05200	Delivery Room and Labor Room	00100	CC Ratio Wkst C Part 1	0.508281	CC Ratio
05300	Anesthesiology	00100	CC Ratio Wkst C Part 1	0.036644	CC Ratio
05300	Anesthesiology	00200	PPS Reimbrused Services	4,956,492.	Charges
05300	Anesthesiology	00500	PPS Reimbrused Services	181,626.	Cost
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.130200	CC Ratio
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	39,174,513.	Charges
05400	Radiology - Diagnositc	00500	PPS Reimbrused Services	5,100,522.	Cost
05500	Radiology - Therapeutic	00100	CC Ratio Wkst C Part 1	0.120385	CC Ratio
05500	Radiology - Therapeutic	00200	PPS Reimbrused Services	28,429,262.	Charges
05500	Radiology - Therapeutic	00500	PPS Reimbrused Services	3,422,457.	Cost
05900	Cardiac Catheterization	00100	CC Ratio Wkst C Part 1	0.126719	CC Ratio
05900	Cardiac Catheterization	00200	PPS Reimbrused Services	2,985,713.	Charges
05900	Cardiac Catheterization	00500	PPS Reimbrused Services	378,347.	Cost
06000	Laboratory	00100	CC Ratio Wkst C Part 1	0.079500	CC Ratio
06000	Laboratory	00200	PPS Reimbrused Services	18,606,309.	Charges
06000	Laboratory	00500	PPS Reimbrused Services	1,479,202.	Cost

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
06500	Respiratory Therapy	00100	CC Ratio Wkst C Part 1	0.172176	CC Ratio
06500	Respiratory Therapy	00200	PPS Reimbrused Services	1,014,578.	Charges
06500	Respiratory Therapy	00500	PPS Reimbrused Services	174,686.	Cost
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.270909	CC Ratio
06600	Physical Therapy	00200	PPS Reimbrused Services	401,357.	Charges
06600	Physical Therapy	00500	PPS Reimbrused Services	108,731.	Cost
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.043637	CC Ratio
06900	Electrocardiology	00200	PPS Reimbrused Services	3,913,478.	Charges
06900	Electrocardiology	00500	PPS Reimbrused Services	170,772.	Cost
07100	Medical Supplies Charged to Patients	00100	CC Ratio Wkst C Part 1	0.347422	CC Ratio
07100	Medical Supplies Charged to Patients	00200	PPS Reimbrused Services	8,265,391.	Charges
07100	Medical Supplies Charged to Patients	00500	PPS Reimbrused Services	2,871,579.	Cost
07200	Implantable Devices Charged to Patients	00100	CC Ratio Wkst C Part 1	0.340811	CC Ratio
07200	Implantable Devices Charged to Patients	00200	PPS Reimbrused Services	11,126,668.	Charges
07200	Implantable Devices Charged to Patients	00500	PPS Reimbrused Services	3,792,091.	Cost
07300	Drugs Charged to Patients	00100	CC Ratio Wkst C Part 1	0.171132	CC Ratio
07300	Drugs Charged to Patients	00200	PPS Reimbrused Services	53,376,972.	Charges
07300	Drugs Charged to Patients	00300	Cost Reimb Svcs - Co-Ins	17,003.	Charges
07300	Drugs Charged to Patients	00500	PPS Reimbrused Services	9,134,508.	Cost
07300	Drugs Charged to Patients	00600	Cost Reimb Svcs - Co-Ins	2,910.	Cost
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.222437	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	1,653,694.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	367,843.	Cost
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.084419	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	1,318,680.	Charges
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	111,322.	Cost
09000	Clinic	00100	CC Ratio Wkst C Part 1	0.323107	CC Ratio
09000	Clinic	00200	PPS Reimbrused Services	55,682.	Charges
09000	Clinic	00500	PPS Reimbrused Services	17,991.	Cost
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.116169	CC Ratio
09100	Emergency	00200	PPS Reimbrused Services	14,104,109.	Charges
09100	Emergency	00500	PPS Reimbrused Services	1,638,460.	Cost
09200	Observation Beds	00100	CC Ratio Wkst C Part 1	0.449193	CC Ratio
09200	Observation Beds	00200	PPS Reimbrused Services	8,816,921.	Charges
09200	Observation Beds	00500	PPS Reimbrused Services	3,960,499.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00200	PPS Reimbrused Services	242,493,100.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00300	Cost Reimb Svcs - Co-Ins	17,003.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00500	PPS Reimbrused Services	40,072,471.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00600	Cost Reimb Svcs - Co-Ins	2,910.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00200	PPS Reimbrused Services	242,493,100.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00300	Cost Reimb Svcs - Co-Ins	17,003.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00500	PPS Reimbrused Services	40,072,471.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00600	Cost Reimb Svcs - Co-Ins	2,910.	Cost

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
A19	Hospital Medicaid				
05000	Operating Room	00400	Cost Reimb Svcs - No Co-I	195,090.	Charges
05100	Recovery Room	00400	Cost Reimb Svcs - No Co-I	41,341.	Charges
05300	Anesthesiology	00400	Cost Reimb Svcs - No Co-I	33,559.	Charges
05400	Radiology - Diagnostic	00400	Cost Reimb Svcs - No Co-I	441,225.	Charges
05500	Radiology - Therapeutic	00400	Cost Reimb Svcs - No Co-I	458,557.	Charges
05900	Cardiac Catheterization	00400	Cost Reimb Svcs - No Co-I	10,727.	Charges
06000	Laboratory	00400	Cost Reimb Svcs - No Co-I	445,727.	Charges
06500	Respiratory Therapy	00400	Cost Reimb Svcs - No Co-I	8,682.	Charges
06600	Physical Therapy	00400	Cost Reimb Svcs - No Co-I	96,912.	Charges
06900	Electrocardiology	00400	Cost Reimb Svcs - No Co-I	54,062.	Charges
07100	Medical Supplies Charged to Patients	00400	Cost Reimb Svcs - No Co-I	98,166.	Charges
07200	Implantable Devices Charged to Patients	00400	Cost Reimb Svcs - No Co-I	25,973.	Charges
07300	Drugs Charged to Patients	00400	Cost Reimb Svcs - No Co-I	333,246.	Charges
07600	Other Ancillary Cost	00400	Cost Reimb Svcs - No Co-I	1,353.	Charges
09100	Emergency	00400	Cost Reimb Svcs - No Co-I	712,211.	Charges
09200	Observation Beds	00400	Cost Reimb Svcs - No Co-I	59,907.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00400	Cost Reimb Svcs - No Co-I	3,016,738.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00700	Cost Reimb Svcs - No Co-I	428,063.	Cost

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00700	Cost Reimb Svcs - No Co-I	428,063.	Cost
D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
A18	Hospital Medicare				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	46,951.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	46,951.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	42,133.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	17,114.	Days
02100	Total General Inpatient Routine Service Cost	00100	Inpatient Amount	44,871,869.	
02700	General Inpatient Routine Service Cost Net of Swing-Bed Cost (Line 21 Minus Line 26).	00100	Inpatient Amount	44,871,869.	
03700	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	44,871,869.	
03800	Adjusted General Inpatient Routine Service Cost Per Diem	00100	Inpatient Amount	955.72	Per Diem
03900	Program General Inpatient Routine Service Cost (Line 9 Times Line 38)	00100	Inpatient Amount	16,356,192.	
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	16,356,192.	
04300	Intensive Care Unit	00100	Inpatient Amount	11,065,040.	
04300	Intensive Care Unit	00200	Inpatient Days	5,745.	Days
04300	Intensive Care Unit	00300	Average Per Diem	1,926.03	Per Diem
04300	Intensive Care Unit	00400	Program Days	3,707.	Days
04300	Intensive Care Unit	00500	Program Cost	7,139,793.	
04800	Program Inpatient Ancillary Service Cost (Worksteet D-4 Column 03 Line 101)	00100	Inpatient Amount	38,131,049.	
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	61,627,034.	

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
05000	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 1 and 3).	00100	Inpatient Amount	2,768,766.	
05100	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 2 and 4).	00100	Inpatient Amount	2,083,601.	
05200	Total Program Excluded Cost (Sum of Lines 50 and 51)	00100	Inpatient Amount	4,852,367.	
05300	Total program inpatient operating cost excluding captial related, nonphysician anesthetist and medical education cost (line 4	00100	Inpatient Amount	56,774,667.	
08700	Total Observation Bed Days	00100	Inpatient Amount	4,818.	Days
08800	Adjusted General Inpatient Routine Cost Per Diem (Line 27 Divided by Line 02)	00100	Inpatient Amount	955.72	Per Diem
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	4,604,659.	
09000	Capital Related Cost	00100	Inpatient Amount	6,055,453.	
09000	Capital Related Cost	00200	Inpatient Days	44,871,869.	Days
09000	Capital Related Cost	00300	Average Per Diem	0.14	Per Diem
09000	Capital Related Cost	00400	Program Days	4,604,659.	Days
09000	Capital Related Cost	00500	Program Cost	621,399.	
09100	Nursing School Cost	00200	Inpatient Days	44,871,869.	Days
09100	Nursing School Cost	00400	Program Days	4,604,659.	Days
09200	Allied Health Cost	00200	Inpatient Days	44,871,869.	Days
09200	Allied Health Cost	00400	Program Days	4,604,659.	Days
09300	All Other Medical Education	00200	Inpatient Days	44,871,869.	Days
09300	All Other Medical Education	00400	Program Days	4,604,659.	Days
A19	Hospital Medicaid				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	46,951.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	46,951.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	42,133.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	844.	Days

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100253	JUPITER MEDICAL CENTER JUPITER, FL 33458				

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	2,261,904.	
08700	Total Observation Bed Days	00100	Inpatient Amount	4,818.	Days
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	4,604,659.	
D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	29,189,936.	
03100	Intensive Care Unit	00200	Inpatient Charges	11,520,756.	
05000	Operating Room	00100	Cost to Charge Ratio	0.171049	CC Ratio
05000	Operating Room	00200	Inpatient Charges	28,956,415.	
05000	Operating Room	00300	Inpatient Cost	4,952,966.	
05100	Recovery Room	00100	Cost to Charge Ratio	0.099537	CC Ratio
05100	Recovery Room	00200	Inpatient Charges	4,521,882.	
05100	Recovery Room	00300	Inpatient Cost	450,095.	
05200	Delivery Room and Labor Room	00100	Cost to Charge Ratio	0.508281	CC Ratio
05200	Delivery Room and Labor Room	00200	Inpatient Charges	8,363.	
05200	Delivery Room and Labor Room	00300	Inpatient Cost	4,251.	
05300	Anesthesiology	00100	Cost to Charge Ratio	0.036644	CC Ratio
05300	Anesthesiology	00200	Inpatient Charges	4,963,790.	
05300	Anesthesiology	00300	Inpatient Cost	181,893.	
05400	Radiology - Diagnositc	00100	Cost to Charge Ratio	0.130246	CC Ratio
05400	Radiology - Diagnositc	00200	Inpatient Charges	14,020,640.	
05400	Radiology - Diagnositc	00300	Inpatient Cost	1,826,132.	
05500	Radiology - Therapeutic	00100	Cost to Charge Ratio	0.120594	CC Ratio
05500	Radiology - Therapeutic	00200	Inpatient Charges	1,021,922.	05501
05500	Radiology - Therapeutic	00300	Inpatient Cost	123,238.	05501
05900	Cardiac Catheterization	00100	Cost to Charge Ratio	0.126744	CC Ratio
05900	Cardiac Catheterization	00200	Inpatient Charges	2,694,320.	
05900	Cardiac Catheterization	00300	Inpatient Cost	341,489.	
06000	Laboratory	00100	Cost to Charge Ratio	0.079500	CC Ratio
06000	Laboratory	00200	Inpatient Charges	39,616,987.	
06000	Laboratory	00300	Inpatient Cost	3,149,550.	

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100253 JUPITER MEDICAL CENTER JUPITER, FL 33458

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

D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
06500	Respiratory Therapy	00100	Cost to Charge Ratio	0.172247	CC Ratio
06500	Respiratory Therapy	00200	Inpatient Charges	5,602,331.	
06500	Respiratory Therapy	00300	Inpatient Cost	964,985.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.270909	CC Ratio
06600	Physical Therapy	00200	Inpatient Charges	8,327,203.	
06600	Physical Therapy	00300	Inpatient Cost	2,255,914.	
06900	Electrocardiology	00100	Cost to Charge Ratio	0.043637	CC Ratio
06900	Electrocardiology	00200	Inpatient Charges	4,984,362.	
06900	Electrocardiology	00300	Inpatient Cost	217,503.	
07100	Medical Supplies Charged to Patients	00100	Cost to Charge Ratio	0.347422	CC Ratio
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	15,036,701.	
07100	Medical Supplies Charged to Patients	00300	Inpatient Cost	5,224,081.	
07200	Implantable Devices Charged to Patients	00100	Cost to Charge Ratio	0.340811	CC Ratio
07200	Implantable Devices Charged to Patients	00200	Inpatient Charges	28,561,446.	
07200	Implantable Devices Charged to Patients	00300	Inpatient Cost	9,734,055.	
07300	Drugs Charged to Patients	00100	Cost to Charge Ratio	0.171132	CC Ratio
07300	Drugs Charged to Patients	00200	Inpatient Charges	42,371,515.	
07300	Drugs Charged to Patients	00300	Inpatient Cost	7,251,122.	
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.222928	CC Ratio
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.084419	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	4,440.	07698
07600	Other Ancillary Cost	00300	Inpatient Cost	375.	07698
09000	Clinic	00100	Cost to Charge Ratio	0.323107	CC Ratio
09100	Emergency	00100	Cost to Charge Ratio	0.116169	CC Ratio
09100	Emergency	00200	Inpatient Charges	10,147,681.	
09100	Emergency	00300	Inpatient Cost	1,178,846.	
09200	Observation Beds	00100	Cost to Charge Ratio	0.449193	CC Ratio
09200	Observation Beds	00200	Inpatient Charges	611,216.	
09200	Observation Beds	00300	Inpatient Cost	274,554.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	211,451,214.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	38,131,049.	
20200	Worksheet D3 Net Charges (Lines 200 minus 201)	00200	Inpatient Charges	211,451,214.	
A19	Hospital Medicaid				

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

D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	1,313,650.	
03100	Intensive Care Unit	00200	Inpatient Charges	627,614.	
04300	Nursery	00200	Inpatient Charges	209,626.	
05000	Operating Room	00200	Inpatient Charges	565,627.	
05100	Recovery Room	00200	Inpatient Charges	79,350.	
05200	Delivery Room and Labor Room	00200	Inpatient Charges	117,473.	
05300	Anesthesiology	00200	Inpatient Charges	133,908.	
05400	Radiology - Diagnositc	00200	Inpatient Charges	575,150.	
05500	Radiology - Therapeutic	00200	Inpatient Charges	192,707.	05501
05900	Cardiac Catheterization	00200	Inpatient Charges	60,363.	
06000	Laboratory	00200	Inpatient Charges	1,788,898.	
06500	Respiratory Therapy	00200	Inpatient Charges	262,912.	
06600	Physical Therapy	00200	Inpatient Charges	192,782.	
06900	Electrocardiology	00200	Inpatient Charges	73,904.	
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	290,896.	
07200	Implantable Devices Charged to Patients	00200	Inpatient Charges	103,344.	
07300	Drugs Charged to Patients	00200	Inpatient Charges	2,168,954.	
09000	Clinic	00200	Inpatient Charges	800.	
09100	Emergency	00200	Inpatient Charges	352,946.	
09200	Observation Beds	00200	Inpatient Charges	26,502.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	6,986,516.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	1,078,645.	

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D00	Wkst D Apportionment of Costs				
1	Part 1 - Apportionment of Inpatient Routine - Service Capital Costs				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00100	Capital Related Cost	5,858,957.	
03000	Adults and Pediatrics - General Routine Care	00300	Net Capital Related Cost	5,858,957.	
03000	Adults and Pediatrics - General Routine Care	00400	Total Patient Days	82,890.	Days
03000	Adults and Pediatrics - General Routine Care	00500	Per Diem	70.68	Per Diem
03000	Adults and Pediatrics - General Routine Care	00600	Inpatient Program Days	33,008.	Days
03000	Adults and Pediatrics - General Routine Care	00700	Inpatient Capital Cost	2,333,005.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05300	Anesthesiology	00400	Inpatient Charges	30,533,236.	
05300	Anesthesiology	00500	Capital Costs	3,298.	
05400	Radiology - Diagnositc	00100	Capital Related Cost	528,268.	
05400	Radiology - Diagnositc	00200	Total Charges	543,704,042.	
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.000972	Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	141,909,853.	
05400	Radiology - Diagnositc	00500	Capital Costs	137,936.	
05800	Magnetic Resonance Imaging (MRI)	00100	Capital Related Cost	112,285.	
05800	Magnetic Resonance Imaging (MRI)	00200	Total Charges	71,132,753.	
05800	Magnetic Resonance Imaging (MRI)	00300	Cost to Charge Ratio	0.001579	Ratio
05800	Magnetic Resonance Imaging (MRI)	00400	Inpatient Charges	25,112,635.	
05800	Magnetic Resonance Imaging (MRI)	00500	Capital Costs	39,653.	
06000	Laboratory	00100	Capital Related Cost	348,559.	
06000	Laboratory	00200	Total Charges	388,143,152.	
06000	Laboratory	00300	Cost to Charge Ratio	0.000898	Ratio
06000	Laboratory	00400	Inpatient Charges	119,153,911.	
06000	Laboratory	00500	Capital Costs	107,000.	
06300	Blood Storing, Processing and Transportation	00100	Capital Related Cost	66,353.	
06300	Blood Storing, Processing and Transportation	00200	Total Charges	4,472,050.	
06300	Blood Storing, Processing and Transportation	00300	Cost to Charge Ratio	0.014837	Ratio
06300	Blood Storing, Processing and Transportation	00400	Inpatient Charges	1,724,861.	
06300	Blood Storing, Processing and Transportation	00500	Capital Costs	25,592.	
06500	Respiratory Therapy	00100	Capital Related Cost	48,066.	
06500	Respiratory Therapy	00200	Total Charges	56,806,256.	
06500	Respiratory Therapy	00300	Cost to Charge Ratio	0.000846	Ratio
06500	Respiratory Therapy	00400	Inpatient Charges	21,453,824.	
06500	Respiratory Therapy	00500	Capital Costs	18,150.	
06600	Physical Therapy	00100	Capital Related Cost	405,409.	
06600	Physical Therapy	00200	Total Charges	55,844,368.	
06600	Physical Therapy	00300	Cost to Charge Ratio	0.007260	Ratio
06600	Physical Therapy	00400	Inpatient Charges	11,298,729.	
06600	Physical Therapy	00500	Capital Costs	82,029.	
06700	Occupational Therapy	00100	Capital Related Cost	191,209.	

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100258 DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484

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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
06700	Occupational Therapy	00200	Total Charges	30,651,079.	
06700	Occupational Therapy	00300	Cost to Charge Ratio	0.006238	Ratio
06700	Occupational Therapy	00400	Inpatient Charges	3,748,398.	
06700	Occupational Therapy	00500	Capital Costs	23,383.	
06800	Speech Pathology	00100	Capital Related Cost	85,583.	
06800	Speech Pathology	00200	Total Charges	12,385,856.	
06800	Speech Pathology	00300	Cost to Charge Ratio	0.006910	Ratio
06800	Speech Pathology	00400	Inpatient Charges	3,611,618.	
06800	Speech Pathology	00500	Capital Costs	24,956.	
06900	Electrocardiology	00100	Capital Related Cost	15,403.	
06900	Electrocardiology	00200	Total Charges	35,851,147.	
06900	Electrocardiology	00300	Cost to Charge Ratio	0.000430	Ratio
06900	Electrocardiology	00400	Inpatient Charges	10,634,212.	
06900	Electrocardiology	00500	Capital Costs	4,573.	
06900	Electrocardiology	00100	Capital Related Cost	490,161.	06902
06900	Electrocardiology	00200	Total Charges	167,403,677.	06902
06900	Electrocardiology	00300	Cost to Charge Ratio	0.002928	Ratio
06900	Electrocardiology	00400	Inpatient Charges	43,584,815.	06902
06900	Electrocardiology	00500	Capital Costs	127,616.	06902
07000	Electroencephalography	00100	Capital Related Cost	83,759.	
07000	Electroencephalography	00200	Total Charges	5,011,116.	
07000	Electroencephalography	00300	Cost to Charge Ratio	0.016715	Ratio
07000	Electroencephalography	00400	Inpatient Charges	1,889,654.	
07000	Electroencephalography	00500	Capital Costs	31,586.	
07100	Medical Supplies Charged to Patients	00100	Capital Related Cost	275,770.	
07100	Medical Supplies Charged to Patients	00200	Total Charges	164,465,481.	
07100	Medical Supplies Charged to Patients	00300	Cost to Charge Ratio	0.001677	Ratio
07100	Medical Supplies Charged to Patients	00400	Inpatient Charges	49,776,300.	
07100	Medical Supplies Charged to Patients	00500	Capital Costs	83,475.	
07200	Implantable Devices Charged to Patients	00100	Capital Related Cost	669,128.	
07200	Implantable Devices Charged to Patients	00200	Total Charges	268,928,804.	
07200	Implantable Devices Charged to Patients	00300	Cost to Charge Ratio	0.002488	Ratio
07200	Implantable Devices Charged to Patients	00400	Inpatient Charges	97,254,963.	

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100258 DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
07200	Implantable Devices Charged to Patients	00500	Capital Costs	241,970.	
07300	Drugs Charged to Patients	00100	Capital Related Cost	321,610.	
07300	Drugs Charged to Patients	00200	Total Charges	497,821,638.	
07300	Drugs Charged to Patients	00300	Cost to Charge Ratio	0.000646	Ratio
07300	Drugs Charged to Patients	00400	Inpatient Charges	163,435,195.	
07300	Drugs Charged to Patients	00500	Capital Costs	105,579.	
07400	Renal Dialysis	00100	Capital Related Cost	67,481.	
07400	Renal Dialysis	00200	Total Charges	6,078,750.	
07400	Renal Dialysis	00300	Cost to Charge Ratio	0.011101	Ratio
07400	Renal Dialysis	00400	Inpatient Charges	2,812,570.	
07400	Renal Dialysis	00500	Capital Costs	31,222.	
07600	Other Ancillary Cost	00100	Capital Related Cost	38,757.	07601
07600	Other Ancillary Cost	00200	Total Charges	6,445,639.	07601
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.006013	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	1,922.	07601
07600	Other Ancillary Cost	00500	Capital Costs	12.	07601
07600	Other Ancillary Cost	00100	Capital Related Cost	36,760.	07625
07600	Other Ancillary Cost	00200	Total Charges	5,045,022.	07625
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.007286	Ratio
07600	Other Ancillary Cost	00100	Capital Related Cost	138,541.	07626
07600	Other Ancillary Cost	00200	Total Charges	7,296,429.	07626
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.018988	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	13,338.	07626
07600	Other Ancillary Cost	00500	Capital Costs	253.	07626
07600	Other Ancillary Cost	00100	Capital Related Cost	89,391.	07697
07600	Other Ancillary Cost	00200	Total Charges	2,736,111.	07697
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.032671	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	58,053.	07697
07600	Other Ancillary Cost	00500	Capital Costs	1,897.	07697
07600	Other Ancillary Cost	00100	Capital Related Cost	4,022.	07699
07600	Other Ancillary Cost	00200	Total Charges	2,347,846.	07699
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.001713	Ratio
09000	Clinic	00100	Capital Related Cost	261,996.	09002

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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
09000	Clinic	00200	Total Charges	17,760,481.	09002
09000	Clinic	00300	Cost to Charge Ratio	0.014752	Ratio
09000	Clinic	00400	Inpatient Charges	132,968.	09002
09000	Clinic	00500	Capital Costs	1,962.	09002
09100	Emergency	00100	Capital Related Cost	901,276.	
09100	Emergency	00200	Total Charges	250,723,185.	
09100	Emergency	00300	Cost to Charge Ratio	0.003595	Ratio
09100	Emergency	00400	Inpatient Charges	49,740,542.	
09100	Emergency	00500	Capital Costs	178,817.	
09100	Emergency	00100	Capital Related Cost	433,842.	09101
09100	Emergency	00200	Total Charges	19,807,570.	09101
09100	Emergency	00300	Cost to Charge Ratio	0.021903	Ratio
09100	Emergency	00400	Inpatient Charges	382,370.	09101
09100	Emergency	00500	Capital Costs	8,375.	09101
09200	Observation Beds	00100	Capital Related Cost	721,895.	
09200	Observation Beds	00200	Total Charges	28,744,652.	
09200	Observation Beds	00300	Cost to Charge Ratio	0.025114	Ratio
09200	Observation Beds	00400	Inpatient Charges	5,802,853.	
09200	Observation Beds	00500	Capital Costs	145,733.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00100	Capital Related Cost	7,719,354.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00200	Total Charges	3,228,494,383.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00400	Inpatient Charges	912,409,153.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00500	Capital Costs	1,801,238.	
B18	IPF Medicare				
05000	Operating Room	00100	Capital Related Cost	1,371,858.	
05000	Operating Room	00200	Total Charges	467,987,529.	
05000	Operating Room	00300	Cost to Charge Ratio	0.002931	Ratio
05000	Operating Room	00400	Inpatient Charges	45,360.	
05000	Operating Room	00500	Capital Costs	133.	
05300	Anesthesiology	00100	Capital Related Cost	11,972.	
05300	Anesthesiology	00200	Total Charges	110,899,750.	
05300	Anesthesiology	00300	Cost to Charge Ratio	0.000108	Ratio
05300	Anesthesiology	00400	Inpatient Charges	7,819.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05300	Anesthesiology	00500	Capital Costs	1.	
05400	Radiology - Diagnositc	00100	Capital Related Cost	528,268.	
05400	Radiology - Diagnositc	00200	Total Charges	543,704,042.	
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.000972	Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	800,823.	
05400	Radiology - Diagnositc	00500	Capital Costs	778.	
05800	Magnetic Resonance Imaging (MRI)	00100	Capital Related Cost	112,285.	
05800	Magnetic Resonance Imaging (MRI)	00200	Total Charges	71,132,753.	
05800	Magnetic Resonance Imaging (MRI)	00300	Cost to Charge Ratio	0.001579	Ratio
05800	Magnetic Resonance Imaging (MRI)	00400	Inpatient Charges	226,806.	
05800	Magnetic Resonance Imaging (MRI)	00500	Capital Costs	358.	
06000	Laboratory	00100	Capital Related Cost	348,559.	
06000	Laboratory	00200	Total Charges	388,143,152.	
06000	Laboratory	00300	Cost to Charge Ratio	0.000898	Ratio
06000	Laboratory	00400	Inpatient Charges	2,967,837.	
06000	Laboratory	00500	Capital Costs	2,665.	
06300	Blood Storing, Processing and Transportation	00100	Capital Related Cost	66,353.	
06300	Blood Storing, Processing and Transportation	00200	Total Charges	4,472,050.	
06300	Blood Storing, Processing and Transportation	00300	Cost to Charge Ratio	0.014837	Ratio
06500	Respiratory Therapy	00100	Capital Related Cost	48,066.	
06500	Respiratory Therapy	00200	Total Charges	56,806,256.	
06500	Respiratory Therapy	00300	Cost to Charge Ratio	0.000846	Ratio
06500	Respiratory Therapy	00400	Inpatient Charges	65,594.	
06500	Respiratory Therapy	00500	Capital Costs	55.	
06600	Physical Therapy	00100	Capital Related Cost	405,409.	
06600	Physical Therapy	00200	Total Charges	55,844,368.	
06600	Physical Therapy	00300	Cost to Charge Ratio	0.007260	Ratio
06600	Physical Therapy	00400	Inpatient Charges	162,167.	
06600	Physical Therapy	00500	Capital Costs	1,177.	
06700	Occupational Therapy	00100	Capital Related Cost	191,209.	
06700	Occupational Therapy	00200	Total Charges	30,651,079.	
06700	Occupational Therapy	00300	Cost to Charge Ratio	0.006238	Ratio
06700	Occupational Therapy	00400	Inpatient Charges	90,657.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
06700	Occupational Therapy	00500	Capital Costs	566.	
06800	Speech Pathology	00100	Capital Related Cost	85,583.	
06800	Speech Pathology	00200	Total Charges	12,385,856.	
06800	Speech Pathology	00300	Cost to Charge Ratio	0.006910	Ratio
06800	Speech Pathology	00400	Inpatient Charges	17,587.	
06800	Speech Pathology	00500	Capital Costs	122.	
06900	Electrocardiology	00100	Capital Related Cost	15,403.	
06900	Electrocardiology	00200	Total Charges	35,851,147.	
06900	Electrocardiology	00300	Cost to Charge Ratio	0.000430	Ratio
06900	Electrocardiology	00400	Inpatient Charges	303,737.	
06900	Electrocardiology	00500	Capital Costs	131.	
06900	Electrocardiology	00100	Capital Related Cost	490,161.	06902
06900	Electrocardiology	00200	Total Charges	167,403,677.	06902
06900	Electrocardiology	00300	Cost to Charge Ratio	0.002928	Ratio
07000	Electroencephalography	00100	Capital Related Cost	83,759.	
07000	Electroencephalography	00200	Total Charges	5,011,116.	
07000	Electroencephalography	00300	Cost to Charge Ratio	0.016715	Ratio
07000	Electroencephalography	00400	Inpatient Charges	15,955.	
07000	Electroencephalography	00500	Capital Costs	267.	
07100	Medical Supplies Charged to Patients	00100	Capital Related Cost	275,770.	
07100	Medical Supplies Charged to Patients	00200	Total Charges	164,465,481.	
07100	Medical Supplies Charged to Patients	00300	Cost to Charge Ratio	0.001677	Ratio
07100	Medical Supplies Charged to Patients	00400	Inpatient Charges	70,324.	
07100	Medical Supplies Charged to Patients	00500	Capital Costs	118.	
07200	Implantable Devices Charged to Patients	00100	Capital Related Cost	669,128.	
07200	Implantable Devices Charged to Patients	00200	Total Charges	268,928,804.	
07200	Implantable Devices Charged to Patients	00300	Cost to Charge Ratio	0.002488	Ratio
07300	Drugs Charged to Patients	00100	Capital Related Cost	321,610.	
07300	Drugs Charged to Patients	00200	Total Charges	497,821,638.	
07300	Drugs Charged to Patients	00300	Cost to Charge Ratio	0.000646	Ratio
07300	Drugs Charged to Patients	00400	Inpatient Charges	3,407,309.	
07300	Drugs Charged to Patients	00500	Capital Costs	2,201.	
07400	Renal Dialysis	00100	Capital Related Cost	67,481.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
07400	Renal Dialysis	00200	Total Charges	6,078,750.	
07400	Renal Dialysis	00300	Cost to Charge Ratio	0.011101	Ratio
07400	Renal Dialysis	00400	Inpatient Charges	79,043.	
07400	Renal Dialysis	00500	Capital Costs	877.	
07600	Other Ancillary Cost	00100	Capital Related Cost	38,757.	07601
07600	Other Ancillary Cost	00200	Total Charges	6,445,639.	07601
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.006013	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	805,118.	07601
07600	Other Ancillary Cost	00500	Capital Costs	4,841.	07601
07600	Other Ancillary Cost	00100	Capital Related Cost	36,760.	07625
07600	Other Ancillary Cost	00200	Total Charges	5,045,022.	07625
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.007286	Ratio
07600	Other Ancillary Cost	00100	Capital Related Cost	138,541.	07626
07600	Other Ancillary Cost	00200	Total Charges	7,296,429.	07626
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.018988	Ratio
07600	Other Ancillary Cost	00100	Capital Related Cost	89,391.	07697
07600	Other Ancillary Cost	00200	Total Charges	2,736,111.	07697
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.032671	Ratio
07600	Other Ancillary Cost	00100	Capital Related Cost	4,022.	07699
07600	Other Ancillary Cost	00200	Total Charges	2,347,846.	07699
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.001713	Ratio
09000	Clinic	00100	Capital Related Cost	261,996.	09002
09000	Clinic	00200	Total Charges	17,760,481.	09002
09000	Clinic	00300	Cost to Charge Ratio	0.014752	Ratio
09100	Emergency	00100	Capital Related Cost	901,276.	
09100	Emergency	00200	Total Charges	250,723,185.	
09100	Emergency	00300	Cost to Charge Ratio	0.003595	Ratio
09100	Emergency	00400	Inpatient Charges	1,108,598.	
09100	Emergency	00500	Capital Costs	3,985.	
09100	Emergency	00100	Capital Related Cost	433,842.	09101
09100	Emergency	00200	Total Charges	19,807,570.	09101
09100	Emergency	00300	Cost to Charge Ratio	0.021903	Ratio
09200	Observation Beds	00200	Total Charges	28,744,652.	

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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00100	Capital Related Cost	6,997,459.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00200	Total Charges	3,228,494,383.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00400	Inpatient Charges	10,174,734.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00500	Capital Costs	18,275.	
C18	IRF Medicare				
05000	Operating Room	00100	Capital Related Cost	1,371,858.	
05000	Operating Room	00200	Total Charges	467,987,529.	
05000	Operating Room	00300	Cost to Charge Ratio	0.002931	Ratio
05000	Operating Room	00400	Inpatient Charges	914,597.	
05000	Operating Room	00500	Capital Costs	2,681.	
05300	Anesthesiology	00100	Capital Related Cost	11,972.	
05300	Anesthesiology	00200	Total Charges	110,899,750.	
05300	Anesthesiology	00300	Cost to Charge Ratio	0.000108	Ratio
05300	Anesthesiology	00400	Inpatient Charges	175,628.	
05300	Anesthesiology	00500	Capital Costs	19.	
05400	Radiology - Diagnositc	00100	Capital Related Cost	528,268.	
05400	Radiology - Diagnositc	00200	Total Charges	543,704,042.	
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.000972	Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	3,079,958.	
05400	Radiology - Diagnositc	00500	Capital Costs	2,994.	
05800	Magnetic Resonance Imaging (MRI)	00100	Capital Related Cost	112,285.	
05800	Magnetic Resonance Imaging (MRI)	00200	Total Charges	71,132,753.	
05800	Magnetic Resonance Imaging (MRI)	00300	Cost to Charge Ratio	0.001579	Ratio
05800	Magnetic Resonance Imaging (MRI)	00400	Inpatient Charges	691,788.	
05800	Magnetic Resonance Imaging (MRI)	00500	Capital Costs	1,092.	
06000	Laboratory	00100	Capital Related Cost	348,559.	
06000	Laboratory	00200	Total Charges	388,143,152.	
06000	Laboratory	00300	Cost to Charge Ratio	0.000898	Ratio
06000	Laboratory	00400	Inpatient Charges	6,688,915.	
06000	Laboratory	00500	Capital Costs	6,007.	
06300	Blood Storing, Processing and Transportation	00100	Capital Related Cost	66,353.	
06300	Blood Storing, Processing and Transportation	00200	Total Charges	4,472,050.	
06300	Blood Storing, Processing and Transportation	00300	Cost to Charge Ratio	0.014837	Ratio

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
06300	Blood Storing, Processing and Transportation	00400	Inpatient Charges	33,717.	
06300	Blood Storing, Processing and Transportation	00500	Capital Costs	500.	
06500	Respiratory Therapy	00100	Capital Related Cost	48,066.	
06500	Respiratory Therapy	00200	Total Charges	56,806,256.	
06500	Respiratory Therapy	00300	Cost to Charge Ratio	0.000846	Ratio
06500	Respiratory Therapy	00400	Inpatient Charges	743,976.	
06500	Respiratory Therapy	00500	Capital Costs	629.	
06600	Physical Therapy	00100	Capital Related Cost	405,409.	
06600	Physical Therapy	00200	Total Charges	55,844,368.	
06600	Physical Therapy	00300	Cost to Charge Ratio	0.007260	Ratio
06600	Physical Therapy	00400	Inpatient Charges	12,333,874.	
06600	Physical Therapy	00500	Capital Costs	89,544.	
06700	Occupational Therapy	00100	Capital Related Cost	191,209.	
06700	Occupational Therapy	00200	Total Charges	30,651,079.	
06700	Occupational Therapy	00300	Cost to Charge Ratio	0.006238	Ratio
06700	Occupational Therapy	00400	Inpatient Charges	10,996,663.	
06700	Occupational Therapy	00500	Capital Costs	68,597.	
06800	Speech Pathology	00100	Capital Related Cost	85,583.	
06800	Speech Pathology	00200	Total Charges	12,385,856.	
06800	Speech Pathology	00300	Cost to Charge Ratio	0.006910	Ratio
06800	Speech Pathology	00400	Inpatient Charges	1,982,677.	
06800	Speech Pathology	00500	Capital Costs	13,700.	
06900	Electrocardiology	00100	Capital Related Cost	15,403.	
06900	Electrocardiology	00200	Total Charges	35,851,147.	
06900	Electrocardiology	00300	Cost to Charge Ratio	0.000430	Ratio
06900	Electrocardiology	00400	Inpatient Charges	493,529.	
06900	Electrocardiology	00500	Capital Costs	212.	
06900	Electrocardiology	00100	Capital Related Cost	490,161.	06902
06900	Electrocardiology	00200	Total Charges	167,403,677.	06902
06900	Electrocardiology	00300	Cost to Charge Ratio	0.002928	Ratio
07000	Electroencephalography	00100	Capital Related Cost	83,759.	
07000	Electroencephalography	00200	Total Charges	5,011,116.	
07000	Electroencephalography	00300	Cost to Charge Ratio	0.016715	Ratio

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100258 DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484

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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
07000	Electroencephalography	00400	Inpatient Charges	69,314.	
07000	Electroencephalography	00500	Capital Costs	1,159.	
07100	Medical Supplies Charged to Patients	00100	Capital Related Cost	275,770.	
07100	Medical Supplies Charged to Patients	00200	Total Charges	164,465,481.	
07100	Medical Supplies Charged to Patients	00300	Cost to Charge Ratio	0.001677	Ratio
07100	Medical Supplies Charged to Patients	00400	Inpatient Charges	1,376,080.	
07100	Medical Supplies Charged to Patients	00500	Capital Costs	2,308.	
07200	Implantable Devices Charged to Patients	00100	Capital Related Cost	669,128.	
07200	Implantable Devices Charged to Patients	00200	Total Charges	268,928,804.	
07200	Implantable Devices Charged to Patients	00300	Cost to Charge Ratio	0.002488	Ratio
07300	Drugs Charged to Patients	00100	Capital Related Cost	321,610.	
07300	Drugs Charged to Patients	00200	Total Charges	497,821,638.	
07300	Drugs Charged to Patients	00300	Cost to Charge Ratio	0.000646	Ratio
07300	Drugs Charged to Patients	00400	Inpatient Charges	8,348,749.	
07300	Drugs Charged to Patients	00500	Capital Costs	5,393.	
07400	Renal Dialysis	00100	Capital Related Cost	67,481.	
07400	Renal Dialysis	00200	Total Charges	6,078,750.	
07400	Renal Dialysis	00300	Cost to Charge Ratio	0.011101	Ratio
07400	Renal Dialysis	00400	Inpatient Charges	216,374.	
07400	Renal Dialysis	00500	Capital Costs	2,402.	
07600	Other Ancillary Cost	00100	Capital Related Cost	38,757.	07601
07600	Other Ancillary Cost	00200	Total Charges	6,445,639.	07601
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.006013	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	464,617.	07601
07600	Other Ancillary Cost	00500	Capital Costs	2,794.	07601
07600	Other Ancillary Cost	00100	Capital Related Cost	36,760.	07625
07600	Other Ancillary Cost	00200	Total Charges	5,045,022.	07625
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.007286	Ratio
07600	Other Ancillary Cost	00100	Capital Related Cost	138,541.	07626
07600	Other Ancillary Cost	00200	Total Charges	7,296,429.	07626
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.018988	Ratio
07600	Other Ancillary Cost	00100	Capital Related Cost	89,391.	07697
07600	Other Ancillary Cost	00200	Total Charges	2,736,111.	07697

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100258 DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484

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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.032671	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	191.	07697
07600	Other Ancillary Cost	00500	Capital Costs	6.	07697
07600	Other Ancillary Cost	00100	Capital Related Cost	4,022.	07699
07600	Other Ancillary Cost	00200	Total Charges	2,347,846.	07699
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.001713	Ratio
09000	Clinic	00100	Capital Related Cost	261,996.	09002
09000	Clinic	00200	Total Charges	17,760,481.	09002
09000	Clinic	00300	Cost to Charge Ratio	0.014752	Ratio
09100	Emergency	00100	Capital Related Cost	901,276.	
09100	Emergency	00200	Total Charges	250,723,185.	
09100	Emergency	00300	Cost to Charge Ratio	0.003595	Ratio
09100	Emergency	00400	Inpatient Charges	7,063.	
09100	Emergency	00500	Capital Costs	25.	
09100	Emergency	00100	Capital Related Cost	433,842.	09101
09100	Emergency	00200	Total Charges	19,807,570.	09101
09100	Emergency	00300	Cost to Charge Ratio	0.021903	Ratio
09200	Observation Beds	00200	Total Charges	28,744,652.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00100	Capital Related Cost	6,997,459.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00200	Total Charges	3,228,494,383.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00400	Inpatient Charges	48,617,710.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00500	Capital Costs	200,062.	
3	Part 3 - Apportionment of Inpatient Routine Service - Other Pass Through Cost				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00600	Total Patient Days	82,890.	Days
03000	Adults and Pediatrics - General Routine Care	00800	Program Inpatient Days	33,008.	Days
03100	Intensive Care Unit	00600	Total Patient Days	17,053.	Days
03100	Intensive Care Unit	00800	Program Inpatient Days	6,753.	Days
04000	Subprovider - IPF	00600	Total Patient Days	16,020.	Days
04000	Subprovider - IPF	00800	Program Inpatient Days	4,561.	Days
04100	Subprovider - IRF	00600	Total Patient Days	12,063.	Days
04100	Subprovider - IRF	00800	Program Inpatient Days	7,864.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00600	Total Patient Days	128,026.	Days

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D00	Wkst D Apportionment of Costs				
3	Part 3 - Apportionment of Inpatient Routine Service - Other Pass Through Cost				
20000	Worksheet D Part 3 Total (Lines 30-199)	00800	Program Inpatient Days	52,186.	Days
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
A18	Hospital Medicare				
05000	Operating Room	00700	Total Charges	467,987,529.	
05000	Operating Room	01000	Inpatient Charges	128,342,333.	
05000	Operating Room	01200	Outpatient Charges	54,130,765.	
05300	Anesthesiology	00700	Total Charges	110,899,750.	
05300	Anesthesiology	01000	Inpatient Charges	30,533,236.	
05300	Anesthesiology	01200	Outpatient Charges	13,810,192.	
05400	Radiology - Diagnositc	00700	Total Charges	543,704,042.	
05400	Radiology - Diagnositc	01000	Inpatient Charges	141,909,853.	
05400	Radiology - Diagnositc	01200	Outpatient Charges	72,133,581.	
05800	Magnetic Resonance Imaging (MRI)	00700	Total Charges	71,132,753.	
05800	Magnetic Resonance Imaging (MRI)	01000	Inpatient Charges	25,112,635.	
05800	Magnetic Resonance Imaging (MRI)	01200	Outpatient Charges	5,135,592.	
06000	Laboratory	00700	Total Charges	388,143,152.	
06000	Laboratory	01000	Inpatient Charges	119,153,911.	
06000	Laboratory	01200	Outpatient Charges	23,469,901.	
06300	Blood Storing, Processing and Transportation	00700	Total Charges	4,472,050.	
06300	Blood Storing, Processing and Transportation	01000	Inpatient Charges	1,724,861.	
06300	Blood Storing, Processing and Transportation	01200	Outpatient Charges	99,488.	
06500	Respiratory Therapy	00700	Total Charges	56,806,256.	
06500	Respiratory Therapy	01000	Inpatient Charges	21,453,824.	
06500	Respiratory Therapy	01200	Outpatient Charges	1,009,913.	
06600	Physical Therapy	00700	Total Charges	55,844,368.	
06600	Physical Therapy	01000	Inpatient Charges	11,298,729.	
06700	Occupational Therapy	00700	Total Charges	30,651,079.	
06700	Occupational Therapy	01000	Inpatient Charges	3,748,398.	
06800	Speech Pathology	00700	Total Charges	12,385,856.	
06800	Speech Pathology	01000	Inpatient Charges	3,611,618.	
06900	Electrocardiology	00700	Total Charges	35,851,147.	
06900	Electrocardiology	01000	Inpatient Charges	10,634,212.	
06900	Electrocardiology	01200	Outpatient Charges	4,968,182.	

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

D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
06900	Electrocardiology	00700	Total Charges	167,403,677.	06902
06900	Electrocardiology	01000	Inpatient Charges	43,584,815.	06902
06900	Electrocardiology	01200	Outpatient Charges	31,864,587.	06902
07000	Electroencephalography	00700	Total Charges	5,011,116.	
07000	Electroencephalography	01000	Inpatient Charges	1,889,654.	
07000	Electroencephalography	01200	Outpatient Charges	156,536.	
07100	Medical Supplies Charged to Patients	00700	Total Charges	164,465,481.	
07100	Medical Supplies Charged to Patients	01000	Inpatient Charges	49,776,300.	
07100	Medical Supplies Charged to Patients	01200	Outpatient Charges	15,146,321.	
07200	Implantable Devices Charged to Patients	00700	Total Charges	268,928,804.	
07200	Implantable Devices Charged to Patients	01000	Inpatient Charges	97,254,963.	
07200	Implantable Devices Charged to Patients	01200	Outpatient Charges	33,979,594.	
07300	Drugs Charged to Patients	00700	Total Charges	497,821,638.	
07300	Drugs Charged to Patients	01000	Inpatient Charges	163,435,195.	
07300	Drugs Charged to Patients	01200	Outpatient Charges	23,907,619.	
07400	Renal Dialysis	00700	Total Charges	6,078,750.	
07400	Renal Dialysis	01000	Inpatient Charges	2,812,570.	
07600	Other Ancillary Cost	00700	Total Charges	6,445,639.	07601
07600	Other Ancillary Cost	01000	Inpatient Charges	1,922.	07601
07600	Other Ancillary Cost	01200	Outpatient Charges	2,349,245.	07601
07600	Other Ancillary Cost	00700	Total Charges	5,045,022.	07625
07600	Other Ancillary Cost	01200	Outpatient Charges	2,483,187.	07625
07600	Other Ancillary Cost	00700	Total Charges	7,296,429.	07626
07600	Other Ancillary Cost	01000	Inpatient Charges	13,338.	07626
07600	Other Ancillary Cost	01200	Outpatient Charges	5,692,797.	07626
07600	Other Ancillary Cost	00700	Total Charges	2,736,111.	07697
07600	Other Ancillary Cost	01000	Inpatient Charges	58,053.	07697
07600	Other Ancillary Cost	01200	Outpatient Charges	1,602,731.	07697
07600	Other Ancillary Cost	00700	Total Charges	2,347,846.	07699
07600	Other Ancillary Cost	01200	Outpatient Charges	874,056.	07699
09000	Clinic	00700	Total Charges	17,760,481.	09002
09000	Clinic	01000	Inpatient Charges	132,968.	09002
09000	Clinic	01200	Outpatient Charges	8,922,445.	09002

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
09100	Emergency	00700	Total Charges	250,723,185.	
09100	Emergency	01000	Inpatient Charges	49,740,542.	
09100	Emergency	01200	Outpatient Charges	34,447,075.	
09100	Emergency	00700	Total Charges	19,807,570.	09101
09100	Emergency	01000	Inpatient Charges	382,370.	09101
09100	Emergency	01200	Outpatient Charges	2,335,868.	09101
09200	Observation Beds	00700	Total Charges	28,744,652.	
09200	Observation Beds	01000	Inpatient Charges	5,802,853.	
09200	Observation Beds	01200	Outpatient Charges	4,568,136.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00700	Total Charges	3,228,494,383.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01000	Inpatient Charges	912,409,153.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01200	Outpatient Charges	343,087,811.	
B18	IPF Medicare				
05000	Operating Room	00700	Total Charges	467,987,529.	
05000	Operating Room	01000	Inpatient Charges	45,360.	
05300	Anesthesiology	00700	Total Charges	110,899,750.	
05300	Anesthesiology	01000	Inpatient Charges	7,819.	
05400	Radiology - Diagnositc	00700	Total Charges	543,704,042.	
05400	Radiology - Diagnositc	01000	Inpatient Charges	800,823.	
05400	Radiology - Diagnositc	01200	Outpatient Charges	10,821.	
05800	Magnetic Resonance Imaging (MRI)	00700	Total Charges	71,132,753.	
05800	Magnetic Resonance Imaging (MRI)	01000	Inpatient Charges	226,806.	
06000	Laboratory	00700	Total Charges	388,143,152.	
06000	Laboratory	01000	Inpatient Charges	2,967,837.	
06000	Laboratory	01200	Outpatient Charges	18,360.	
06300	Blood Storing, Processing and Transportation	00700	Total Charges	4,472,050.	
06500	Respiratory Therapy	00700	Total Charges	56,806,256.	
06500	Respiratory Therapy	01000	Inpatient Charges	65,594.	
06600	Physical Therapy	00700	Total Charges	55,844,368.	
06600	Physical Therapy	01000	Inpatient Charges	162,167.	
06700	Occupational Therapy	00700	Total Charges	30,651,079.	
06700	Occupational Therapy	01000	Inpatient Charges	90,657.	
06800	Speech Pathology	00700	Total Charges	12,385,856.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
06800	Speech Pathology	01000	Inpatient Charges	17,587.	
06900	Electrocardiology	00700	Total Charges	35,851,147.	
06900	Electrocardiology	01000	Inpatient Charges	303,737.	
06900	Electrocardiology	01200	Outpatient Charges	11,432.	
06900	Electrocardiology	00700	Total Charges	167,403,677.	06902
07000	Electroencephalography	00700	Total Charges	5,011,116.	
07000	Electroencephalography	01000	Inpatient Charges	15,955.	
07100	Medical Supplies Charged to Patients	00700	Total Charges	164,465,481.	
07100	Medical Supplies Charged to Patients	01000	Inpatient Charges	70,324.	
07100	Medical Supplies Charged to Patients	01200	Outpatient Charges	1,340.	
07200	Implantable Devices Charged to Patients	00700	Total Charges	268,928,804.	
07300	Drugs Charged to Patients	00700	Total Charges	497,821,638.	
07300	Drugs Charged to Patients	01000	Inpatient Charges	3,407,309.	
07300	Drugs Charged to Patients	01200	Outpatient Charges	4,582.	
07400	Renal Dialysis	00700	Total Charges	6,078,750.	
07400	Renal Dialysis	01000	Inpatient Charges	79,043.	
07600	Other Ancillary Cost	00700	Total Charges	6,445,639.	07601
07600	Other Ancillary Cost	01000	Inpatient Charges	805,118.	07601
07600	Other Ancillary Cost	00700	Total Charges	5,045,022.	07625
07600	Other Ancillary Cost	00700	Total Charges	7,296,429.	07626
07600	Other Ancillary Cost	00700	Total Charges	2,736,111.	07697
07600	Other Ancillary Cost	00700	Total Charges	2,347,846.	07699
09000	Clinic	00700	Total Charges	17,760,481.	09002
09100	Emergency	00700	Total Charges	250,723,185.	
09100	Emergency	01000	Inpatient Charges	1,108,598.	
09100	Emergency	01200	Outpatient Charges	18,300.	
09100	Emergency	00700	Total Charges	19,807,570.	09101
09200	Observation Beds	00700	Total Charges	28,744,652.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00700	Total Charges	3,228,494,383.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01000	Inpatient Charges	10,174,734.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01200	Outpatient Charges	64,835.	
C18	IRF Medicare				
05000	Operating Room	00700	Total Charges	467,987,529.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
05000	Operating Room	01000	Inpatient Charges	914,597.	
05000	Operating Room	01200	Outpatient Charges	2,210.	
05300	Anesthesiology	00700	Total Charges	110,899,750.	
05300	Anesthesiology	01000	Inpatient Charges	175,628.	
05400	Radiology - Diagnositc	00700	Total Charges	543,704,042.	
05400	Radiology - Diagnositc	01000	Inpatient Charges	3,079,958.	
05400	Radiology - Diagnositc	01200	Outpatient Charges	791.	
05800	Magnetic Resonance Imaging (MRI)	00700	Total Charges	71,132,753.	
05800	Magnetic Resonance Imaging (MRI)	01000	Inpatient Charges	691,788.	
06000	Laboratory	00700	Total Charges	388,143,152.	
06000	Laboratory	01000	Inpatient Charges	6,688,915.	
06300	Blood Storing, Processing and Transportation	00700	Total Charges	4,472,050.	
06300	Blood Storing, Processing and Transportation	01000	Inpatient Charges	33,717.	
06500	Respiratory Therapy	00700	Total Charges	56,806,256.	
06500	Respiratory Therapy	01000	Inpatient Charges	743,976.	
06600	Physical Therapy	00700	Total Charges	55,844,368.	
06600	Physical Therapy	01000	Inpatient Charges	12,333,874.	
06700	Occupational Therapy	00700	Total Charges	30,651,079.	
06700	Occupational Therapy	01000	Inpatient Charges	10,996,663.	
06800	Speech Pathology	00700	Total Charges	12,385,856.	
06800	Speech Pathology	01000	Inpatient Charges	1,982,677.	
06900	Electrocardiology	00700	Total Charges	35,851,147.	
06900	Electrocardiology	01000	Inpatient Charges	493,529.	
06900	Electrocardiology	00700	Total Charges	167,403,677.	06902
07000	Electroencephalography	00700	Total Charges	5,011,116.	
07000	Electroencephalography	01000	Inpatient Charges	69,314.	
07100	Medical Supplies Charged to Patients	00700	Total Charges	164,465,481.	
07100	Medical Supplies Charged to Patients	01000	Inpatient Charges	1,376,080.	
07100	Medical Supplies Charged to Patients	01200	Outpatient Charges	320.	
07200	Implantable Devices Charged to Patients	00700	Total Charges	268,928,804.	
07300	Drugs Charged to Patients	00700	Total Charges	497,821,638.	
07300	Drugs Charged to Patients	01000	Inpatient Charges	8,348,749.	
07300	Drugs Charged to Patients	01200	Outpatient Charges	1,967.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
07400	Renal Dialysis	00700	Total Charges	6,078,750.	
07400	Renal Dialysis	01000	Inpatient Charges	216,374.	
07600	Other Ancillary Cost	00700	Total Charges	6,445,639.	07601
07600	Other Ancillary Cost	01000	Inpatient Charges	464,617.	07601
07600	Other Ancillary Cost	00700	Total Charges	5,045,022.	07625
07600	Other Ancillary Cost	00700	Total Charges	7,296,429.	07626
07600	Other Ancillary Cost	00700	Total Charges	2,736,111.	07697
07600	Other Ancillary Cost	01000	Inpatient Charges	191.	07697
07600	Other Ancillary Cost	01200	Outpatient Charges	2,728.	07697
07600	Other Ancillary Cost	00700	Total Charges	2,347,846.	07699
09000	Clinic	00700	Total Charges	17,760,481.	09002
09100	Emergency	00700	Total Charges	250,723,185.	
09100	Emergency	01000	Inpatient Charges	7,063.	
09100	Emergency	00700	Total Charges	19,807,570.	09101
09200	Observation Beds	00700	Total Charges	28,744,652.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00700	Total Charges	3,228,494,383.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01000	Inpatient Charges	48,617,710.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01200	Outpatient Charges	8,016.	
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
A18	Hospital Medicare				
05000	Operating Room	00100	CC Ratio Wkst C Part 1	0.046385	CC Ratio
05000	Operating Room	00200	PPS Reimbrused Services	54,130,765.	Charges
05000	Operating Room	00500	PPS Reimbrused Services	2,510,856.	Cost
05300	Anesthesiology	00100	CC Ratio Wkst C Part 1	0.004317	CC Ratio
05300	Anesthesiology	00200	PPS Reimbrused Services	13,810,192.	Charges
05300	Anesthesiology	00500	PPS Reimbrused Services	59,619.	Cost
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.023871	CC Ratio
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	72,133,581.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
05400	Radiology - Diagnositic	00500	PPS Reimbrused Services	1,721,901.	Cost
05800	Magnetic Resonance Imaging (MRI)	00100	CC Ratio Wkst C Part 1	0.015424	CC Ratio
05800	Magnetic Resonance Imaging (MRI)	00200	PPS Reimbrused Services	5,135,592.	Charges
05800	Magnetic Resonance Imaging (MRI)	00500	PPS Reimbrused Services	79,211.	Cost
06000	Laboratory	00100	CC Ratio Wkst C Part 1	0.031660	CC Ratio
06000	Laboratory	00200	PPS Reimbrused Services	23,469,901.	Charges
06000	Laboratory	00500	PPS Reimbrused Services	743,057.	Cost
06300	Blood Storing, Processing and Transportation	00100	CC Ratio Wkst C Part 1	0.740749	CC Ratio
06300	Blood Storing, Processing and Transportation	00200	PPS Reimbrused Services	99,488.	Charges
06300	Blood Storing, Processing and Transportation	00500	PPS Reimbrused Services	73,696.	Cost
06500	Respiratory Therapy	00100	CC Ratio Wkst C Part 1	0.069522	CC Ratio
06500	Respiratory Therapy	00200	PPS Reimbrused Services	1,009,913.	Charges
06500	Respiratory Therapy	00500	PPS Reimbrused Services	70,211.	Cost
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.125400	CC Ratio
06700	Occupational Therapy	00100	CC Ratio Wkst C Part 1	0.109235	CC Ratio
06800	Speech Pathology	00100	CC Ratio Wkst C Part 1	0.121015	CC Ratio
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.017695	CC Ratio
06900	Electrocardiology	00200	PPS Reimbrused Services	4,968,182.	Charges
06900	Electrocardiology	00500	PPS Reimbrused Services	87,912.	Cost
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.031568	CC Ratio
06900	Electrocardiology	00200	PPS Reimbrused Services	31,864,587.	Charges
06900	Electrocardiology	00500	PPS Reimbrused Services	1,005,901.	Cost
07000	Electroencephalography	00100	CC Ratio Wkst C Part 1	0.064018	CC Ratio

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
07000	Electroencephalography	00200	PPS Reimbrused Services	156,536.	Charges
07000	Electroencephalography	00500	PPS Reimbrused Services	10,021.	Cost
07100	Medical Supplies Charged to Patients	00100	CC Ratio Wkst C Part 1	0.146198	CC Ratio
07100	Medical Supplies Charged to Patients	00200	PPS Reimbrused Services	15,146,321.	Charges
07100	Medical Supplies Charged to Patients	00500	PPS Reimbrused Services	2,214,362.	Cost
07200	Implantable Devices Charged to Patients	00100	CC Ratio Wkst C Part 1	0.221817	CC Ratio
07200	Implantable Devices Charged to Patients	00200	PPS Reimbrused Services	33,979,594.	Charges
07200	Implantable Devices Charged to Patients	00500	PPS Reimbrused Services	7,537,252.	Cost
07300	Drugs Charged to Patients	00100	CC Ratio Wkst C Part 1	0.045117	CC Ratio
07300	Drugs Charged to Patients	00200	PPS Reimbrused Services	23,907,619.	Charges
07300	Drugs Charged to Patients	00400	Cost Reimb Svcs - No Co-I	71,502.	Charges
07300	Drugs Charged to Patients	00500	PPS Reimbrused Services	1,078,640.	Cost
07300	Drugs Charged to Patients	00700	Cost Reimb Svcs - No Co-I	3,226.	Cost
07400	Renal Dialysis	00100	CC Ratio Wkst C Part 1	0.366053	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.101979	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	2,349,245.	Charges
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	239,574.	Cost
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.078448	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	2,483,187.	Charges
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	194,801.	Cost
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.206656	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	5,692,797.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	1,176,451.	Cost
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.307301	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	1,602,731.	Charges
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	492,521.	Cost
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.195661	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	874,056.	Charges
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	171,019.	Cost
09000	Clinic	00100	CC Ratio Wkst C Part 1	0.081702	CC Ratio
09000	Clinic	00200	PPS Reimbrused Services	8,922,445.	Charges
09000	Clinic	00500	PPS Reimbrused Services	728,982.	Cost
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.066320	CC Ratio
09100	Emergency	00200	PPS Reimbrused Services	34,447,075.	Charges
09100	Emergency	00500	PPS Reimbrused Services	2,284,530.	Cost
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.176092	CC Ratio
09100	Emergency	00200	PPS Reimbrused Services	2,335,868.	Charges
09100	Emergency	00500	PPS Reimbrused Services	411,328.	Cost
09200	Observation Beds	00100	CC Ratio Wkst C Part 1	0.285044	CC Ratio
09200	Observation Beds	00200	PPS Reimbrused Services	4,568,136.	Charges
09200	Observation Beds	00500	PPS Reimbrused Services	1,302,120.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00200	PPS Reimbrused Services	343,087,811.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00400	Cost Reimb Svcs - No Co-I	71,502.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00500	PPS Reimbrused Services	24,193,965.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00700	Cost Reimb Svcs - No Co-I	3,226.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00200	PPS Reimbrused Services	343,087,811.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00400	Cost Reimb Svcs - No Co-I	71,502.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00500	PPS Reimbrused Services	24,193,965.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00700	Cost Reimb Svcs - No Co-I	3,226.	Cost
A19	Hospital Medicaid				
05000	Operating Room	00300	Cost Reimb Svcs - Co-Ins	737,983.	Charges
05300	Anesthesiology	00300	Cost Reimb Svcs - Co-Ins	97,126.	Charges
05400	Radiology - Diagnositc	00300	Cost Reimb Svcs - Co-Ins	2,334,027.	Charges
05800	Magnetic Resonance Imaging (MRI)	00300	Cost Reimb Svcs - Co-Ins	177,996.	Charges
06000	Laboratory	00300	Cost Reimb Svcs - Co-Ins	1,467,630.	Charges
06300	Blood Storing, Processing and Transportation	00300	Cost Reimb Svcs - Co-Ins	12,231.	Charges
06500	Respiratory Therapy	00300	Cost Reimb Svcs - Co-Ins	41,381.	Charges
06600	Physical Therapy	00300	Cost Reimb Svcs - Co-Ins	36,425.	Charges
06700	Occupational Therapy	00300	Cost Reimb Svcs - Co-Ins	26,961.	Charges
06800	Speech Pathology	00300	Cost Reimb Svcs - Co-Ins	5,773.	Charges
06900	Electrocardiology	00300	Cost Reimb Svcs - Co-Ins	157,752.	Charges
06900	Electrocardiology	00300	Cost Reimb Svcs - Co-Ins	297,533.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
06000	Laboratory	00100	CC Ratio Wkst C Part 1	0.031660	CC Ratio
06000	Laboratory	00200	PPS Reimbrused Services	18,360.	Charges
06000	Laboratory	00500	PPS Reimbrused Services	581.	Cost
06300	Blood Storing, Processing and Transportation	00100	CC Ratio Wkst C Part 1	0.740749	CC Ratio
06500	Respiratory Therapy	00100	CC Ratio Wkst C Part 1	0.069522	CC Ratio
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.125400	CC Ratio
06700	Occupational Therapy	00100	CC Ratio Wkst C Part 1	0.109235	CC Ratio
06800	Speech Pathology	00100	CC Ratio Wkst C Part 1	0.121015	CC Ratio
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.017695	CC Ratio
06900	Electrocardiology	00200	PPS Reimbrused Services	11,432.	Charges
06900	Electrocardiology	00500	PPS Reimbrused Services	202.	Cost
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.031568	CC Ratio
07000	Electroencephalography	00100	CC Ratio Wkst C Part 1	0.064018	CC Ratio
07100	Medical Supplies Charged to Patients	00100	CC Ratio Wkst C Part 1	0.146198	CC Ratio
07100	Medical Supplies Charged to Patients	00200	PPS Reimbrused Services	1,340.	Charges
07100	Medical Supplies Charged to Patients	00500	PPS Reimbrused Services	196.	Cost
07200	Implantable Devices Charged to Patients	00100	CC Ratio Wkst C Part 1	0.221817	CC Ratio
07300	Drugs Charged to Patients	00100	CC Ratio Wkst C Part 1	0.045117	CC Ratio
07300	Drugs Charged to Patients	00200	PPS Reimbrused Services	4,582.	Charges
07300	Drugs Charged to Patients	00400	Cost Reimb Svcs - No Co-I	4,074.	Charges
07300	Drugs Charged to Patients	00500	PPS Reimbrused Services	207.	Cost
07300	Drugs Charged to Patients	00700	Cost Reimb Svcs - No Co-I	184.	Cost
07400	Renal Dialysis	00100	CC Ratio Wkst C Part 1	0.366053	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.101979	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.078448	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.206656	CC Ratio

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.307301	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.195661	CC Ratio
09000	Clinic	00100	CC Ratio Wkst C Part 1	0.081702	CC Ratio
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.066320	CC Ratio
09100	Emergency	00200	PPS Reimbrused Services	18,300.	Charges
09100	Emergency	00500	PPS Reimbrused Services	1,214.	Cost
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.176092	CC Ratio
09200	Observation Beds	00100	CC Ratio Wkst C Part 1	0.285044	CC Ratio
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00200	PPS Reimbrused Services	64,835.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00400	Cost Reimb Svcs - No Co-I	4,074.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00500	PPS Reimbrused Services	2,658.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00700	Cost Reimb Svcs - No Co-I	184.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00200	PPS Reimbrused Services	64,835.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00400	Cost Reimb Svcs - No Co-I	4,074.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00500	PPS Reimbrused Services	2,658.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00700	Cost Reimb Svcs - No Co-I	184.	Cost
C18	IRF Medicare				
05000	Operating Room	00100	CC Ratio Wkst C Part 1	0.046385	CC Ratio
05000	Operating Room	00200	PPS Reimbrused Services	2,210.	Charges
05000	Operating Room	00500	PPS Reimbrused Services	103.	Cost
05300	Anesthesiology	00100	CC Ratio Wkst C Part 1	0.004317	CC Ratio
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.023871	CC Ratio
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	791.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
05400	Radiology - Diagnositic	00500	PPS Reimbrused Services	19.	Cost
05800	Magnetic Resonance Imaging (MRI)	00100	CC Ratio Wkst C Part 1	0.015424	CC Ratio
06000	Laboratory	00100	CC Ratio Wkst C Part 1	0.031660	CC Ratio
06300	Blood Storing, Processing and Transportation	00100	CC Ratio Wkst C Part 1	0.740749	CC Ratio
06500	Respiratory Therapy	00100	CC Ratio Wkst C Part 1	0.069522	CC Ratio
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.125400	CC Ratio
06700	Occupational Therapy	00100	CC Ratio Wkst C Part 1	0.109235	CC Ratio
06800	Speech Pathology	00100	CC Ratio Wkst C Part 1	0.121015	CC Ratio
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.017695	CC Ratio
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.031568	CC Ratio
07000	Electroencephalography	00100	CC Ratio Wkst C Part 1	0.064018	CC Ratio
07100	Medical Supplies Charged to Patients	00100	CC Ratio Wkst C Part 1	0.146198	CC Ratio
07100	Medical Supplies Charged to Patients	00200	PPS Reimbrused Services	320.	Charges
07100	Medical Supplies Charged to Patients	00500	PPS Reimbrused Services	47.	Cost
07200	Implantable Devices Charged to Patients	00100	CC Ratio Wkst C Part 1	0.221817	CC Ratio
07300	Drugs Charged to Patients	00100	CC Ratio Wkst C Part 1	0.045117	CC Ratio
07300	Drugs Charged to Patients	00200	PPS Reimbrused Services	1,967.	Charges
07300	Drugs Charged to Patients	00400	Cost Reimb Svcs - No Co-I	3,787.	Charges
07300	Drugs Charged to Patients	00500	PPS Reimbrused Services	89.	Cost
07300	Drugs Charged to Patients	00700	Cost Reimb Svcs - No Co-I	171.	Cost
07400	Renal Dialysis	00100	CC Ratio Wkst C Part 1	0.366053	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.101979	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.078448	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.206656	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.307301	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	2,728.	Charges
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	838.	Cost

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.195661	CC Ratio
09000	Clinic	00100	CC Ratio Wkst C Part 1	0.081702	CC Ratio
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.066320	CC Ratio
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.176092	CC Ratio
09200	Observation Beds	00100	CC Ratio Wkst C Part 1	0.285044	CC Ratio
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00200	PPS Reimbrused Services	8,016.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00400	Cost Reimb Svcs - No Co-I	3,787.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00500	PPS Reimbrused Services	1,096.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00700	Cost Reimb Svcs - No Co-I	171.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00200	PPS Reimbrused Services	8,016.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00400	Cost Reimb Svcs - No Co-I	3,787.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00500	PPS Reimbrused Services	1,096.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00700	Cost Reimb Svcs - No Co-I	171.	Cost
D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
A18	Hospital Medicare				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	82,890.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	82,890.	Days
00300	Private Room Days (Excluding Swing-Bed Private Room Days)	00100	Inpatient Amount	1,736.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	70,941.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	33,008.	Days

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	3,078.	Days
02800	General Inpatient Routine Service Charges (Excluding Swing-Bed Charges)	00100	Inpatient Amount	300,513,311.	
02900	Private Room Charges (Excluding Swing-Bed Charges)	00100	Inpatient Amount	6,418,230.	
03000	Semi-Private Room Charges (Excluding Swing-Bed Charges)	00100	Inpatient Amount	294,095,081.	
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	8,107,844.	
08700	Total Observation Bed Days	00100	Inpatient Amount	10,213.	Days
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	8,191,030.	
B18	IPF Medicare				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	16,020.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	16,020.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	16,020.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	4,561.	Days
02100	Total General Inpatient Routine Service Cost	00100	Inpatient Amount	11,570,092.	
02700	General Inpatient Routine Service Cost Net of Swing-Bed Cost (Line 21 Minus Line 26).	00100	Inpatient Amount	11,570,092.	
03700	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	11,570,092.	
03800	Adjusted General Inpatient Routine Service Cost Per Diem	00100	Inpatient Amount	722.23	Per Diem
03900	Program General Inpatient Routine Service Cost (Line 9 Times Line 38)	00100	Inpatient Amount	3,294,091.	
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	3,294,091.	
04800	Program Inpatient Ancillary Service Cost (Worksteet D-4 Column 03 Line 101)	00100	Inpatient Amount	511,142.	

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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

D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	3,805,233.	
05000	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 1 and 3).	00100	Inpatient Amount	303,580.	
05100	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 2 and 4).	00100	Inpatient Amount	18,275.	
05200	Total Program Excluded Cost (Sum of Lines 50 and 51)	00100	Inpatient Amount	321,855.	
05300	Total program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education cost (line 4	00100	Inpatient Amount	3,483,378.	
09000	Capital Related Cost	00100	Inpatient Amount	1,066,212.	
09000	Capital Related Cost	00200	Inpatient Days	11,570,092.	Days
09000	Capital Related Cost	00300	Average Per Diem	0.09	Per Diem
09100	Nursing School Cost	00200	Inpatient Days	11,570,092.	Days
09200	Allied Health Cost	00200	Inpatient Days	11,570,092.	Days
09300	All Other Medical Education	00200	Inpatient Days	11,570,092.	Days
B19	IPF Medicaid				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	16,020.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	16,020.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	16,020.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	606.	Days
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	437,671.	
C18	IRF Medicare				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	12,063.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	12,063.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	12,063.	Days

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100258 DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484

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

D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	7,864.	Days
02100	Total General Inpatient Routine Service Cost	00100	Inpatient Amount	10,304,548.	
02700	General Inpatient Routine Service Cost Net of Swing-Bed Cost (Line 21 Minus Line 26).	00100	Inpatient Amount	10,304,548.	
03700	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	10,304,548.	
03800	Adjusted General Inpatient Routine Service Cost Per Diem	00100	Inpatient Amount	854.23	Per Diem
03900	Program General Inpatient Routine Service Cost (Line 9 Times Line 38)	00100	Inpatient Amount	6,717,665.	
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	6,717,665.	
04800	Program Inpatient Ancillary Service Cost (Worksteet D-4 Column 03 Line 101)	00100	Inpatient Amount	4,121,811.	
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	10,839,476.	
05000	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 1 and 3).	00100	Inpatient Amount	588,620.	
05100	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 2 and 4).	00100	Inpatient Amount	200,062.	
05200	Total Program Excluded Cost (Sum of Lines 50 and 51)	00100	Inpatient Amount	788,682.	
05300	Total program inpatient operating cost excluding captial related, nonphysician anesthetist and medical education cost (line 4	00100	Inpatient Amount	10,050,794.	
09000	Capital Related Cost	00100	Inpatient Amount	902,868.	
09000	Capital Related Cost	00200	Inpatient Days	10,304,548.	Days
09000	Capital Related Cost	00300	Average Per Diem	0.09	Per Diem
09100	Nursing School Cost	00200	Inpatient Days	10,304,548.	Days
09200	Allied Health Cost	00200	Inpatient Days	10,304,548.	Days
09300	All Other Medical Education	00200	Inpatient Days	10,304,548.	Days
C19	IRF Medicaid				

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
06500	Respiratory Therapy	00300	Inpatient Cost	1,491,513.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.125400	CC Ratio
06600	Physical Therapy	00200	Inpatient Charges	11,298,729.	
06600	Physical Therapy	00300	Inpatient Cost	1,416,861.	
06700	Occupational Therapy	00100	Cost to Charge Ratio	0.109235	CC Ratio
06700	Occupational Therapy	00200	Inpatient Charges	3,748,398.	
06700	Occupational Therapy	00300	Inpatient Cost	409,456.	
06800	Speech Pathology	00100	Cost to Charge Ratio	0.121015	CC Ratio
06800	Speech Pathology	00200	Inpatient Charges	3,611,618.	
06800	Speech Pathology	00300	Inpatient Cost	437,060.	
06900	Electrocardiology	00100	Cost to Charge Ratio	0.017695	CC Ratio
06900	Electrocardiology	00200	Inpatient Charges	10,634,212.	
06900	Electrocardiology	00300	Inpatient Cost	188,172.	
06900	Electrocardiology	00100	Cost to Charge Ratio	0.031568	CC Ratio
06900	Electrocardiology	00200	Inpatient Charges	43,584,815.	06902
06900	Electrocardiology	00300	Inpatient Cost	1,375,885.	06902
07000	Electroencephalography	00100	Cost to Charge Ratio	0.064018	CC Ratio
07000	Electroencephalography	00200	Inpatient Charges	1,889,654.	
07000	Electroencephalography	00300	Inpatient Cost	120,972.	
07100	Medical Supplies Charged to Patients	00100	Cost to Charge Ratio	0.146198	CC Ratio
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	49,776,300.	
07100	Medical Supplies Charged to Patients	00300	Inpatient Cost	7,277,196.	
07200	Implantable Devices Charged to Patients	00100	Cost to Charge Ratio	0.221817	CC Ratio
07200	Implantable Devices Charged to Patients	00200	Inpatient Charges	97,254,963.	
07200	Implantable Devices Charged to Patients	00300	Inpatient Cost	21,572,804.	
07300	Drugs Charged to Patients	00100	Cost to Charge Ratio	0.045117	CC Ratio
07300	Drugs Charged to Patients	00200	Inpatient Charges	163,435,195.	
07300	Drugs Charged to Patients	00300	Inpatient Cost	7,373,706.	
07400	Renal Dialysis	00100	Cost to Charge Ratio	0.366053	CC Ratio
07400	Renal Dialysis	00200	Inpatient Charges	2,812,570.	
07400	Renal Dialysis	00300	Inpatient Cost	1,029,550.	
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.101979	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	1,922.	07601
07600	Other Ancillary Cost	00300	Inpatient Cost	196.	07601

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100258 DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.079528	CC Ratio
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.206656	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	13,338.	07626
07600	Other Ancillary Cost	00300	Inpatient Cost	2,756.	07626
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.307301	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	58,053.	07697
07600	Other Ancillary Cost	00300	Inpatient Cost	17,840.	07697
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.195661	CC Ratio
09000	Clinic	00100	Cost to Charge Ratio	0.081702	CC Ratio
09000	Clinic	00200	Inpatient Charges	132,968.	09002
09000	Clinic	00300	Inpatient Cost	10,864.	09002
09100	Emergency	00100	Cost to Charge Ratio	0.066802	CC Ratio
09100	Emergency	00200	Inpatient Charges	49,740,542.	
09100	Emergency	00300	Inpatient Cost	3,322,768.	
09100	Emergency	00100	Cost to Charge Ratio	0.176092	CC Ratio
09100	Emergency	00200	Inpatient Charges	382,370.	09101
09100	Emergency	00300	Inpatient Cost	67,332.	09101
09200	Observation Beds	00100	Cost to Charge Ratio	0.285044	CC Ratio
09200	Observation Beds	00200	Inpatient Charges	5,802,853.	
09200	Observation Beds	00300	Inpatient Cost	1,654,068.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	912,409,153.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	62,680,094.	
20200	Worksheet D3 Net Charges (Lines 200 minus 201)	00200	Inpatient Charges	912,409,153.	
A19	Hospital Medicaid				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	12,770,271.	
03100	Intensive Care Unit	00200	Inpatient Charges	4,823,780.	
05000	Operating Room	00200	Inpatient Charges	8,596,139.	
05300	Anesthesiology	00200	Inpatient Charges	2,027,928.	
05400	Radiology - Diagnostc	00200	Inpatient Charges	10,022,751.	
05800	Magnetic Resonance Imaging (MRI)	00200	Inpatient Charges	1,540,962.	
06000	Laboratory	00200	Inpatient Charges	8,807,504.	
06300	Blood Storing, Processing and Transportation	00200	Inpatient Charges	207,703.	
06500	Respiratory Therapy	00200	Inpatient Charges	3,596,345.	

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100258 DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484

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

D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
06600	Physical Therapy	00200	Inpatient Charges	873,386.	
06700	Occupational Therapy	00200	Inpatient Charges	593,275.	
06800	Speech Pathology	00200	Inpatient Charges	336,158.	
06900	Electrocardiology	00200	Inpatient Charges	339,656.	
06900	Electrocardiology	00200	Inpatient Charges	834,815.	06902
07000	Electroencephalography	00200	Inpatient Charges	152,310.	
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	7,221,371.	
07200	Implantable Devices Charged to Patients	00200	Inpatient Charges	1,645,482.	
07300	Drugs Charged to Patients	00200	Inpatient Charges	18,642,234.	
07400	Renal Dialysis	00200	Inpatient Charges	258,945.	
07600	Other Ancillary Cost	00200	Inpatient Charges	27,507.	07601
07600	Other Ancillary Cost	00200	Inpatient Charges	2,147.	07697
09000	Clinic	00200	Inpatient Charges	3,979.	09002
09100	Emergency	00200	Inpatient Charges	3,364,781.	
09100	Emergency	00200	Inpatient Charges	75,746.	09101
09200	Observation Beds	00200	Inpatient Charges	182,327.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	69,353,451.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	4,259,225.	
B18	IPF Medicare				
04000	Subprovider - IPF	00200	Inpatient Charges	15,858,607.	
05000	Operating Room	00100	Cost to Charge Ratio	0.046394	CC Ratio
05000	Operating Room	00200	Inpatient Charges	45,360.	
05000	Operating Room	00300	Inpatient Cost	2,104.	
05300	Anesthesiology	00100	Cost to Charge Ratio	0.004317	CC Ratio
05300	Anesthesiology	00200	Inpatient Charges	7,819.	
05300	Anesthesiology	00300	Inpatient Cost	34.	
05400	Radiology - Diagnostc	00100	Cost to Charge Ratio	0.023871	CC Ratio
05400	Radiology - Diagnostc	00200	Inpatient Charges	800,823.	
05400	Radiology - Diagnostc	00300	Inpatient Cost	19,116.	
05800	Magnetic Resonance Imaging (MRI)	00100	Cost to Charge Ratio	0.015424	CC Ratio
05800	Magnetic Resonance Imaging (MRI)	00200	Inpatient Charges	226,806.	
05800	Magnetic Resonance Imaging (MRI)	00300	Inpatient Cost	3,498.	
06000	Laboratory	00100	Cost to Charge Ratio	0.031660	CC Ratio
06000	Laboratory	00200	Inpatient Charges	2,967,837.	

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

D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
06000	Laboratory	00300	Inpatient Cost	93,962.	
06300	Blood Storing, Processing and Transportation	00100	Cost to Charge Ratio	0.740749	CC Ratio
06500	Respiratory Therapy	00100	Cost to Charge Ratio	0.069522	CC Ratio
06500	Respiratory Therapy	00200	Inpatient Charges	65,594.	
06500	Respiratory Therapy	00300	Inpatient Cost	4,560.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.125400	CC Ratio
06600	Physical Therapy	00200	Inpatient Charges	162,167.	
06600	Physical Therapy	00300	Inpatient Cost	20,336.	
06700	Occupational Therapy	00100	Cost to Charge Ratio	0.109235	CC Ratio
06700	Occupational Therapy	00200	Inpatient Charges	90,657.	
06700	Occupational Therapy	00300	Inpatient Cost	9,903.	
06800	Speech Pathology	00100	Cost to Charge Ratio	0.121015	CC Ratio
06800	Speech Pathology	00200	Inpatient Charges	17,587.	
06800	Speech Pathology	00300	Inpatient Cost	2,128.	
06900	Electrocardiology	00100	Cost to Charge Ratio	0.017695	CC Ratio
06900	Electrocardiology	00200	Inpatient Charges	303,737.	
06900	Electrocardiology	00300	Inpatient Cost	5,375.	
06900	Electrocardiology	00100	Cost to Charge Ratio	0.031568	CC Ratio
07000	Electroencephalography	00100	Cost to Charge Ratio	0.064018	CC Ratio
07000	Electroencephalography	00200	Inpatient Charges	15,955.	
07000	Electroencephalography	00300	Inpatient Cost	1,021.	
07100	Medical Supplies Charged to Patients	00100	Cost to Charge Ratio	0.146198	CC Ratio
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	70,324.	
07100	Medical Supplies Charged to Patients	00300	Inpatient Cost	10,281.	
07200	Implantable Devices Charged to Patients	00100	Cost to Charge Ratio	0.221817	CC Ratio
07300	Drugs Charged to Patients	00100	Cost to Charge Ratio	0.045117	CC Ratio
07300	Drugs Charged to Patients	00200	Inpatient Charges	3,407,309.	
07300	Drugs Charged to Patients	00300	Inpatient Cost	153,728.	
07400	Renal Dialysis	00100	Cost to Charge Ratio	0.366053	CC Ratio
07400	Renal Dialysis	00200	Inpatient Charges	79,043.	
07400	Renal Dialysis	00300	Inpatient Cost	28,934.	
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.101979	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	805,118.	07601
07600	Other Ancillary Cost	00300	Inpatient Cost	82,105.	07601

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.079528	CC Ratio
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.206656	CC Ratio
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.307301	CC Ratio
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.195661	CC Ratio
09000	Clinic	00100	Cost to Charge Ratio	0.081702	CC Ratio
09100	Emergency	00100	Cost to Charge Ratio	0.066802	CC Ratio
09100	Emergency	00200	Inpatient Charges	1,108,598.	
09100	Emergency	00300	Inpatient Cost	74,057.	
09100	Emergency	00100	Cost to Charge Ratio	0.176092	CC Ratio
09200	Observation Beds	00100	Cost to Charge Ratio	0.285044	CC Ratio
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	10,174,734.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	511,142.	
20200	Worksheet D3 Net Charges (Lines 200 minus 201)	00200	Inpatient Charges	10,174,734.	
B19	IPF Medicaid				
04000	Subprovider - IPF	00200	Inpatient Charges	1,825,348.	
C18	IRF Medicare				
04100	Subprovider - IRF	00200	Inpatient Charges	28,287,264.	
05000	Operating Room	00100	Cost to Charge Ratio	0.046394	CC Ratio
05000	Operating Room	00200	Inpatient Charges	914,597.	
05000	Operating Room	00300	Inpatient Cost	42,432.	
05300	Anesthesiology	00100	Cost to Charge Ratio	0.004317	CC Ratio
05300	Anesthesiology	00200	Inpatient Charges	175,628.	
05300	Anesthesiology	00300	Inpatient Cost	758.	
05400	Radiology - Diagnostc	00100	Cost to Charge Ratio	0.023871	CC Ratio
05400	Radiology - Diagnostc	00200	Inpatient Charges	3,079,958.	
05400	Radiology - Diagnostc	00300	Inpatient Cost	73,522.	
05800	Magnetic Resonance Imaging (MRI)	00100	Cost to Charge Ratio	0.015424	CC Ratio
05800	Magnetic Resonance Imaging (MRI)	00200	Inpatient Charges	691,788.	
05800	Magnetic Resonance Imaging (MRI)	00300	Inpatient Cost	10,670.	
06000	Laboratory	00100	Cost to Charge Ratio	0.031660	CC Ratio
06000	Laboratory	00200	Inpatient Charges	6,688,915.	
06000	Laboratory	00300	Inpatient Cost	211,771.	
06300	Blood Storing, Processing and Transportation	00100	Cost to Charge Ratio	0.740749	CC Ratio

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
06300	Blood Storing, Processing and Transportation	00200	Inpatient Charges	33,717.	
06300	Blood Storing, Processing and Transportation	00300	Inpatient Cost	24,976.	
06500	Respiratory Therapy	00100	Cost to Charge Ratio	0.069522	CC Ratio
06500	Respiratory Therapy	00200	Inpatient Charges	743,976.	
06500	Respiratory Therapy	00300	Inpatient Cost	51,723.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.125400	CC Ratio
06600	Physical Therapy	00200	Inpatient Charges	12,333,874.	
06600	Physical Therapy	00300	Inpatient Cost	1,546,668.	
06700	Occupational Therapy	00100	Cost to Charge Ratio	0.109235	CC Ratio
06700	Occupational Therapy	00200	Inpatient Charges	10,996,663.	
06700	Occupational Therapy	00300	Inpatient Cost	1,201,220.	
06800	Speech Pathology	00100	Cost to Charge Ratio	0.121015	CC Ratio
06800	Speech Pathology	00200	Inpatient Charges	1,982,677.	
06800	Speech Pathology	00300	Inpatient Cost	239,934.	
06900	Electrocardiology	00100	Cost to Charge Ratio	0.017695	CC Ratio
06900	Electrocardiology	00200	Inpatient Charges	493,529.	
06900	Electrocardiology	00300	Inpatient Cost	8,733.	
06900	Electrocardiology	00100	Cost to Charge Ratio	0.031568	CC Ratio
07000	Electroencephalography	00100	Cost to Charge Ratio	0.064018	CC Ratio
07000	Electroencephalography	00200	Inpatient Charges	69,314.	
07000	Electroencephalography	00300	Inpatient Cost	4,437.	
07100	Medical Supplies Charged to Patients	00100	Cost to Charge Ratio	0.146198	CC Ratio
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	1,376,080.	
07100	Medical Supplies Charged to Patients	00300	Inpatient Cost	201,180.	
07200	Implantable Devices Charged to Patients	00100	Cost to Charge Ratio	0.221817	CC Ratio
07300	Drugs Charged to Patients	00100	Cost to Charge Ratio	0.045117	CC Ratio
07300	Drugs Charged to Patients	00200	Inpatient Charges	8,348,749.	
07300	Drugs Charged to Patients	00300	Inpatient Cost	376,671.	
07400	Renal Dialysis	00100	Cost to Charge Ratio	0.366053	CC Ratio
07400	Renal Dialysis	00200	Inpatient Charges	216,374.	
07400	Renal Dialysis	00300	Inpatient Cost	79,204.	
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.101979	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	464,617.	07601
07600	Other Ancillary Cost	00300	Inpatient Cost	47,381.	07601

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.079528	CC Ratio
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.206656	CC Ratio
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.307301	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	191.	07697
07600	Other Ancillary Cost	00300	Inpatient Cost	59.	07697
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.195661	CC Ratio
09000	Clinic	00100	Cost to Charge Ratio	0.081702	CC Ratio
09100	Emergency	00100	Cost to Charge Ratio	0.066802	CC Ratio
09100	Emergency	00200	Inpatient Charges	7,063.	
09100	Emergency	00300	Inpatient Cost	472.	
09100	Emergency	00100	Cost to Charge Ratio	0.176092	CC Ratio
09200	Observation Beds	00100	Cost to Charge Ratio	0.285044	CC Ratio
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	48,617,710.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	4,121,811.	
20200	Worksheet D3 Net Charges (Lines 200 minus 201)	00200	Inpatient Charges	48,617,710.	
C19	IRF Medicaid				
04100	Subprovider - IRF	00200	Inpatient Charges	376,450.	

100268 WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428

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

D00	Wkst D Apportionment of Costs				
1	Part 1 - Apportionment of Inpatient Routine - Service Capital Costs				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00100	Capital Related Cost	2,383,585.	
03000	Adults and Pediatrics - General Routine Care	00300	Net Capital Related Cost	2,383,585.	
03000	Adults and Pediatrics - General Routine Care	00400	Total Patient Days	30,991.	Days
03000	Adults and Pediatrics - General Routine Care	00500	Per Diem	76.91	Per Diem
03000	Adults and Pediatrics - General Routine Care	00600	Inpatient Program Days	5,888.	Days
03000	Adults and Pediatrics - General Routine Care	00700	Inpatient Capital Cost	452,846.	
03100	Intensive Care Unit	00100	Capital Related Cost	374,360.	
03100	Intensive Care Unit	00300	Net Capital Related Cost	374,360.	
03100	Intensive Care Unit	00400	Total Patient Days	4,211.	Days
03100	Intensive Care Unit	00500	Per Diem	88.90	Per Diem

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05300	Anesthesiology	00300	Cost to Charge Ratio	0.000351	Ratio
05300	Anesthesiology	00400	Inpatient Charges	2,715,421.	
05300	Anesthesiology	00500	Capital Costs	953.	
05400	Radiology - Diagnositc	00100	Capital Related Cost	319,729.	
05400	Radiology - Diagnositc	00200	Total Charges	42,621,532.	
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.007502	Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	6,003,841.	
05400	Radiology - Diagnositc	00500	Capital Costs	45,041.	
05400	Radiology - Diagnositc	00100	Capital Related Cost	54,869.	05401
05400	Radiology - Diagnositc	00200	Total Charges	29,557,549.	05401
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.001856	Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	3,532,062.	05401
05400	Radiology - Diagnositc	00500	Capital Costs	6,556.	05401
05400	Radiology - Diagnositc	00100	Capital Related Cost	43,579.	05402
05400	Radiology - Diagnositc	00200	Total Charges	13,093,293.	05402
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.003328	Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	1,312,668.	05402
05400	Radiology - Diagnositc	00500	Capital Costs	4,369.	05402
05700	Computer Tomography (CT) Scan	00100	Capital Related Cost	98,447.	
05700	Computer Tomography (CT) Scan	00200	Total Charges	128,353,074.	
05700	Computer Tomography (CT) Scan	00300	Cost to Charge Ratio	0.000767	Ratio
05700	Computer Tomography (CT) Scan	00400	Inpatient Charges	12,856,692.	
05700	Computer Tomography (CT) Scan	00500	Capital Costs	9,861.	
05800	Magnetic Resonance Imaging (MRI)	00100	Capital Related Cost	42,964.	
05800	Magnetic Resonance Imaging (MRI)	00200	Total Charges	21,022,680.	
05800	Magnetic Resonance Imaging (MRI)	00300	Cost to Charge Ratio	0.002044	Ratio
05800	Magnetic Resonance Imaging (MRI)	00400	Inpatient Charges	2,711,905.	
05800	Magnetic Resonance Imaging (MRI)	00500	Capital Costs	5,543.	
06000	Laboratory	00100	Capital Related Cost	268,146.	
06000	Laboratory	00200	Total Charges	235,574,838.	
06000	Laboratory	00300	Cost to Charge Ratio	0.001138	Ratio
06000	Laboratory	00400	Inpatient Charges	30,889,226.	
06000	Laboratory	00500	Capital Costs	35,152.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
06300	Blood Storing, Processing and Transportation	00100	Capital Related Cost	15,765.	
06300	Blood Storing, Processing and Transportation	00200	Total Charges	1,839,292.	
06300	Blood Storing, Processing and Transportation	00300	Cost to Charge Ratio	0.008571	Ratio
06300	Blood Storing, Processing and Transportation	00400	Inpatient Charges	322,343.	
06300	Blood Storing, Processing and Transportation	00500	Capital Costs	2,763.	
06500	Respiratory Therapy	00100	Capital Related Cost	95,230.	
06500	Respiratory Therapy	00200	Total Charges	42,145,216.	
06500	Respiratory Therapy	00300	Cost to Charge Ratio	0.002260	Ratio
06500	Respiratory Therapy	00400	Inpatient Charges	7,820,340.	
06500	Respiratory Therapy	00500	Capital Costs	17,674.	
06600	Physical Therapy	00100	Capital Related Cost	81,800.	
06600	Physical Therapy	00200	Total Charges	10,299,698.	
06600	Physical Therapy	00300	Cost to Charge Ratio	0.007942	Ratio
06600	Physical Therapy	00400	Inpatient Charges	2,654,201.	
06600	Physical Therapy	00500	Capital Costs	21,080.	
06900	Electrocardiology	00100	Capital Related Cost	17,448.	
06900	Electrocardiology	00200	Total Charges	11,328,477.	
06900	Electrocardiology	00300	Cost to Charge Ratio	0.001540	Ratio
06900	Electrocardiology	00400	Inpatient Charges	1,718,275.	
06900	Electrocardiology	00500	Capital Costs	2,646.	
07000	Electroencephalography	00100	Capital Related Cost	7,797.	
07000	Electroencephalography	00200	Total Charges	1,147,218.	
07000	Electroencephalography	00300	Cost to Charge Ratio	0.006796	Ratio
07000	Electroencephalography	00400	Inpatient Charges	146,438.	
07000	Electroencephalography	00500	Capital Costs	995.	
07100	Medical Supplies Charged to Patients	00100	Capital Related Cost	102,789.	
07100	Medical Supplies Charged to Patients	00200	Total Charges	40,857,458.	
07100	Medical Supplies Charged to Patients	00300	Cost to Charge Ratio	0.002516	Ratio
07100	Medical Supplies Charged to Patients	00400	Inpatient Charges	3,631,476.	
07100	Medical Supplies Charged to Patients	00500	Capital Costs	9,137.	
07200	Implantable Devices Charged to Patients	00100	Capital Related Cost	177,803.	
07200	Implantable Devices Charged to Patients	00200	Total Charges	70,030,204.	
07200	Implantable Devices Charged to Patients	00300	Cost to Charge Ratio	0.002539	Ratio

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
07200	Implantable Devices Charged to Patients	00400	Inpatient Charges	12,187,837.	
07200	Implantable Devices Charged to Patients	00500	Capital Costs	30,945.	
07300	Drugs Charged to Patients	00100	Capital Related Cost	164,801.	
07300	Drugs Charged to Patients	00200	Total Charges	70,601,849.	
07300	Drugs Charged to Patients	00300	Cost to Charge Ratio	0.002334	Ratio
07300	Drugs Charged to Patients	00400	Inpatient Charges	10,085,266.	
07300	Drugs Charged to Patients	00500	Capital Costs	23,539.	
07400	Renal Dialysis	00100	Capital Related Cost	1,731.	
07400	Renal Dialysis	00200	Total Charges	1,401,645.	
07400	Renal Dialysis	00300	Cost to Charge Ratio	0.001235	Ratio
07400	Renal Dialysis	00400	Inpatient Charges	544,194.	
07400	Renal Dialysis	00500	Capital Costs	672.	
07600	Other Ancillary Cost	00100	Capital Related Cost	1,155.	07605
07600	Other Ancillary Cost	00200	Total Charges	450,155.	07605
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.002566	Ratio
07600	Other Ancillary Cost	00100	Capital Related Cost	63,896.	07625
07600	Other Ancillary Cost	00200	Total Charges	3,002,168.	07625
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.021283	Ratio
09000	Clinic	00100	Capital Related Cost	792,234.	09001
09000	Clinic	00200	Total Charges	25,752,903.	09001
09000	Clinic	00300	Cost to Charge Ratio	0.030763	Ratio
09000	Clinic	00400	Inpatient Charges	13,757.	09001
09000	Clinic	00500	Capital Costs	423.	09001
09000	Clinic	00100	Capital Related Cost	194,355.	09002
09000	Clinic	00200	Total Charges	6,981,822.	09002
09000	Clinic	00300	Cost to Charge Ratio	0.027837	Ratio
09100	Emergency	00100	Capital Related Cost	616,130.	
09100	Emergency	00200	Total Charges	129,817,943.	
09100	Emergency	00300	Cost to Charge Ratio	0.004746	Ratio
09100	Emergency	00400	Inpatient Charges	9,517,787.	
09100	Emergency	00500	Capital Costs	45,171.	
09100	Emergency	00100	Capital Related Cost	746,862.	09101
09100	Emergency	00200	Total Charges	26,812,167.	09101

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
09100	Emergency	00300	Cost to Charge Ratio	0.027855	Ratio
09100	Emergency	00400	Inpatient Charges	367,464.	09101
09100	Emergency	00500	Capital Costs	10,236.	09101
09200	Observation Beds	00100	Capital Related Cost	256,887.	
09200	Observation Beds	00200	Total Charges	10,352,479.	
09200	Observation Beds	00300	Cost to Charge Ratio	0.024814	Ratio
09200	Observation Beds	00400	Inpatient Charges	675,374.	
09200	Observation Beds	00500	Capital Costs	16,759.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00100	Capital Related Cost	6,410,516.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00200	Total Charges	1,191,082,739.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00400	Inpatient Charges	121,576,501.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00500	Capital Costs	400,930.	
3	Part 3 - Apportionment of Inpatient Routine Service - Other Pass Through Cost				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00200	Allied Health Cost	30,271.	
03000	Adults and Pediatrics - General Routine Care	00500	Total Cost	30,271.	
03000	Adults and Pediatrics - General Routine Care	00600	Total Patient Days	30,991.	Days
03000	Adults and Pediatrics - General Routine Care	00700	Per Diem	0.98	Per Diem
03000	Adults and Pediatrics - General Routine Care	00800	Program Inpatient Days	5,888.	Days
03000	Adults and Pediatrics - General Routine Care	00900	Program Pass Thru Cost	5,770.	
03100	Intensive Care Unit	00200	Allied Health Cost	12,109.	
03100	Intensive Care Unit	00500	Total Cost	12,109.	
03100	Intensive Care Unit	00600	Total Patient Days	4,211.	Days
03100	Intensive Care Unit	00700	Per Diem	2.88	Per Diem
03100	Intensive Care Unit	00800	Program Inpatient Days	1,467.	Days
03100	Intensive Care Unit	00900	Program Pass Thru Cost	4,225.	
03500	Other Special Care	00600	Total Patient Days	4,803.	Days
03500	Other Special Care	00600	Total Patient Days	597.	Days
04300	Nursery	00200	Allied Health Cost	6,919.	
04300	Nursery	00500	Total Cost	6,919.	
04300	Nursery	00600	Total Patient Days	3,765.	Days
04300	Nursery	00700	Per Diem	1.84	Per Diem
20000	Worksheet D Part 3 Total (Lines 30-199)	00200	Allied Health Cost	49,299.	

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D00	Wkst D Apportionment of Costs				
3	Part 3 - Apportionment of Inpatient Routine Service - Other Pass Through Cost				
20000	Worksheet D Part 3 Total (Lines 30-199)	00500	Total Cost	49,299.	
20000	Worksheet D Part 3 Total (Lines 30-199)	00600	Total Patient Days	44,367.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00800	Program Inpatient Days	7,355.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00900	Program Pass Thru Cost	9,995.	
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
A18	Hospital Medicare				
05000	Operating Room	00300	Allied Health	6,054.	
05000	Operating Room	00500	Total Cost	6,054.	
05000	Operating Room	00600	Outpatient Cost	6,054.	
05000	Operating Room	00700	Total Charges	190,804,866.	
05000	Operating Room	00800	Inpatient Cost to Charge	0.000032	Ratio
05000	Operating Room	00900	Outpatient Cost to Charge	0.000032	Ratio
05000	Operating Room	01000	Inpatient Charges	11,737,880.	
05000	Operating Room	01100	Inpatient Pass Thru Cost	376.	
05000	Operating Room	01200	Outpatient Charges	9,618,817.	
05000	Operating Room	01300	Outpatient Pass Thru Cost	308.	
05200	Delivery Room and Labor Room	00300	Allied Health	519.	
05200	Delivery Room and Labor Room	00500	Total Cost	519.	
05200	Delivery Room and Labor Room	00600	Outpatient Cost	519.	
05200	Delivery Room and Labor Room	00700	Total Charges	42,842,337.	
05200	Delivery Room and Labor Room	00800	Inpatient Cost to Charge	0.000012	Ratio
05200	Delivery Room and Labor Room	00900	Outpatient Cost to Charge	0.000012	Ratio
05200	Delivery Room and Labor Room	01000	Inpatient Charges	132,054.	
05200	Delivery Room and Labor Room	01100	Inpatient Pass Thru Cost	2.	
05200	Delivery Room and Labor Room	01200	Outpatient Charges	4,584.	
05300	Anesthesiology	00700	Total Charges	34,391,876.	
05300	Anesthesiology	01000	Inpatient Charges	2,715,421.	
05300	Anesthesiology	01200	Outpatient Charges	1,737,411.	
05400	Radiology - Diagnositc	00300	Allied Health	43,245.	
05400	Radiology - Diagnositc	00500	Total Cost	43,245.	
05400	Radiology - Diagnositc	00600	Outpatient Cost	43,245.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
05400	Radiology - Diagnositc	00700	Total Charges	42,621,532.	
05400	Radiology - Diagnositc	00800	Inpatient Cost to Charge	0.001015	Ratio
05400	Radiology - Diagnositc	00900	Outpatient Cost to Charge	0.001015	Ratio
05400	Radiology - Diagnositc	01000	Inpatient Charges	6,003,841.	
05400	Radiology - Diagnositc	01100	Inpatient Pass Thru Cost	6,094.	
05400	Radiology - Diagnositc	01200	Outpatient Charges	2,826,686.	
05400	Radiology - Diagnositc	01300	Outpatient Pass Thru Cost	2,869.	
05400	Radiology - Diagnositc	00700	Total Charges	29,557,549.	05401
05400	Radiology - Diagnositc	01000	Inpatient Charges	3,532,062.	05401
05400	Radiology - Diagnositc	01200	Outpatient Charges	1,194,669.	05401
05400	Radiology - Diagnositc	00700	Total Charges	13,093,293.	05402
05400	Radiology - Diagnositc	01000	Inpatient Charges	1,312,668.	05402
05400	Radiology - Diagnositc	01200	Outpatient Charges	1,461,608.	05402
05700	Computer Tomography (CT) Scan	00700	Total Charges	128,353,074.	
05700	Computer Tomography (CT) Scan	01000	Inpatient Charges	12,856,692.	
05700	Computer Tomography (CT) Scan	01200	Outpatient Charges	11,526,605.	
05800	Magnetic Resonance Imaging (MRI)	00700	Total Charges	21,022,680.	
05800	Magnetic Resonance Imaging (MRI)	01000	Inpatient Charges	2,711,905.	
05800	Magnetic Resonance Imaging (MRI)	01200	Outpatient Charges	923,322.	
06000	Laboratory	00700	Total Charges	235,574,838.	
06000	Laboratory	01000	Inpatient Charges	30,889,226.	
06000	Laboratory	01200	Outpatient Charges	8,927,680.	
06300	Blood Storing, Processing and Transportation	00700	Total Charges	1,839,292.	
06300	Blood Storing, Processing and Transportation	01000	Inpatient Charges	322,343.	
06300	Blood Storing, Processing and Transportation	01200	Outpatient Charges	225,656.	
06500	Respiratory Therapy	00700	Total Charges	42,145,216.	
06500	Respiratory Therapy	01000	Inpatient Charges	7,820,340.	
06500	Respiratory Therapy	01200	Outpatient Charges	283,779.	
06600	Physical Therapy	00700	Total Charges	10,299,698.	
06600	Physical Therapy	01000	Inpatient Charges	2,654,201.	
06900	Electrocardiology	00700	Total Charges	11,328,477.	
06900	Electrocardiology	01000	Inpatient Charges	1,718,275.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
06900	Electrocardiology	01200	Outpatient Charges	963,815.	
07000	Electroencephalography	00700	Total Charges	1,147,218.	
07000	Electroencephalography	01000	Inpatient Charges	146,438.	
07000	Electroencephalography	01200	Outpatient Charges	16,623.	
07100	Medical Supplies Charged to Patients	00700	Total Charges	40,857,458.	
07100	Medical Supplies Charged to Patients	01000	Inpatient Charges	3,631,476.	
07100	Medical Supplies Charged to Patients	01200	Outpatient Charges	2,067,554.	
07200	Implantable Devices Charged to Patients	00700	Total Charges	70,030,204.	
07200	Implantable Devices Charged to Patients	01000	Inpatient Charges	12,187,837.	
07200	Implantable Devices Charged to Patients	01200	Outpatient Charges	3,775,975.	
07300	Drugs Charged to Patients	00700	Total Charges	70,601,849.	
07300	Drugs Charged to Patients	01000	Inpatient Charges	10,085,266.	
07300	Drugs Charged to Patients	01200	Outpatient Charges	2,502,860.	
07400	Renal Dialysis	00700	Total Charges	1,401,645.	
07400	Renal Dialysis	01000	Inpatient Charges	544,194.	
07600	Other Ancillary Cost	00700	Total Charges	450,155.	07605
07600	Other Ancillary Cost	00700	Total Charges	3,002,168.	07625
07600	Other Ancillary Cost	01200	Outpatient Charges	705,164.	07625
09000	Clinic	00300	Allied Health	25,947.	09001
09000	Clinic	00500	Total Cost	25,947.	09001
09000	Clinic	00600	Outpatient Cost	25,947.	09001
09000	Clinic	00700	Total Charges	25,752,903.	09001
09000	Clinic	00800	Inpatient Cost to Charge	0.001008	Ratio
09000	Clinic	00900	Outpatient Cost to Charge	0.001008	Ratio
09000	Clinic	01000	Inpatient Charges	13,757.	09001
09000	Clinic	01100	Inpatient Pass Thru Cost	14.	09001
09000	Clinic	01200	Outpatient Charges	5,037,159.	09001
09000	Clinic	01300	Outpatient Pass Thru Cost	5,077.	09001
09000	Clinic	00700	Total Charges	6,981,822.	09002
09100	Emergency	00300	Allied Health	25,947.	
09100	Emergency	00500	Total Cost	25,947.	
09100	Emergency	00600	Outpatient Cost	25,947.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
09100	Emergency	00700	Total Charges	129,817,943.	
09100	Emergency	00800	Inpatient Cost to Charge	0.000200	Ratio
09100	Emergency	00900	Outpatient Cost to Charge	0.000200	Ratio
09100	Emergency	01000	Inpatient Charges	9,517,787.	
09100	Emergency	01100	Inpatient Pass Thru Cost	1,904.	
09100	Emergency	01200	Outpatient Charges	9,675,066.	
09100	Emergency	01300	Outpatient Pass Thru Cost	1,935.	
09100	Emergency	00700	Total Charges	26,812,167.	09101
09100	Emergency	01000	Inpatient Charges	367,464.	09101
09100	Emergency	01200	Outpatient Charges	1,741,279.	09101
09200	Observation Beds	00300	Allied Health	3,261.	
09200	Observation Beds	00500	Total Cost	3,261.	
09200	Observation Beds	00600	Outpatient Cost	3,261.	
09200	Observation Beds	00700	Total Charges	10,352,479.	
09200	Observation Beds	00800	Inpatient Cost to Charge	0.000315	Ratio
09200	Observation Beds	00900	Outpatient Cost to Charge	0.000315	Ratio
09200	Observation Beds	01000	Inpatient Charges	675,374.	
09200	Observation Beds	01100	Inpatient Pass Thru Cost	213.	
09200	Observation Beds	01200	Outpatient Charges	895,729.	
09200	Observation Beds	01300	Outpatient Pass Thru Cost	282.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00300	Allied Health	104,973.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00500	Total Cost	104,973.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00600	Outpatient Cost	104,973.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00700	Total Charges	1,191,082,739.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01000	Inpatient Charges	121,576,501.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01100	Inpatient Pass Thru Cost	8,603.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01200	Outpatient Charges	66,112,041.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01300	Outpatient Pass Thru Cost	10,471.	

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
A18	Hospital Medicare				
05000	Operating Room	00100	CC Ratio Wkst C Part 1	0.092617	CC Ratio
05000	Operating Room	00200	PPS Reimbrused Services	9,618,817.	Charges
05000	Operating Room	00500	PPS Reimbrused Services	890,866.	Cost
05200	Delivery Room and Labor Room	00100	CC Ratio Wkst C Part 1	0.161856	CC Ratio
05200	Delivery Room and Labor Room	00200	PPS Reimbrused Services	4,584.	Charges
05200	Delivery Room and Labor Room	00500	PPS Reimbrused Services	742.	Cost
05300	Anesthesiology	00100	CC Ratio Wkst C Part 1	0.005768	CC Ratio
05300	Anesthesiology	00200	PPS Reimbrused Services	1,737,411.	Charges
05300	Anesthesiology	00500	PPS Reimbrused Services	10,021.	Cost
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.118977	CC Ratio
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	2,826,686.	Charges
05400	Radiology - Diagnositc	00500	PPS Reimbrused Services	336,311.	Cost
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.049808	CC Ratio
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	1,194,669.	Charges
05400	Radiology - Diagnositc	00500	PPS Reimbrused Services	59,504.	Cost
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.069647	CC Ratio
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	1,461,608.	Charges
05400	Radiology - Diagnositc	00500	PPS Reimbrused Services	101,797.	Cost
05700	Computer Tomography (CT) Scan	00100	CC Ratio Wkst C Part 1	0.013763	CC Ratio
05700	Computer Tomography (CT) Scan	00200	PPS Reimbrused Services	11,526,605.	Charges
05700	Computer Tomography (CT) Scan	00500	PPS Reimbrused Services	158,641.	Cost
05800	Magnetic Resonance Imaging (MRI)	00100	CC Ratio Wkst C Part 1	0.027436	CC Ratio

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
05800	Magnetic Resonance Imaging (MRI)	00200	PPS Reimbrused Services	923,322.	Charges
05800	Magnetic Resonance Imaging (MRI)	00500	PPS Reimbrused Services	25,332.	Cost
06000	Laboratory	00100	CC Ratio Wkst C Part 1	0.038198	CC Ratio
06000	Laboratory	00200	PPS Reimbrused Services	8,927,680.	Charges
06000	Laboratory	00500	PPS Reimbrused Services	341,020.	Cost
06300	Blood Storing, Processing and Transportation	00100	CC Ratio Wkst C Part 1	0.465296	CC Ratio
06300	Blood Storing, Processing and Transportation	00200	PPS Reimbrused Services	225,656.	Charges
06300	Blood Storing, Processing and Transportation	00500	PPS Reimbrused Services	104,997.	Cost
06500	Respiratory Therapy	00100	CC Ratio Wkst C Part 1	0.080244	CC Ratio
06500	Respiratory Therapy	00200	PPS Reimbrused Services	283,779.	Charges
06500	Respiratory Therapy	00500	PPS Reimbrused Services	22,772.	Cost
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.214830	CC Ratio
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.110873	CC Ratio
06900	Electrocardiology	00200	PPS Reimbrused Services	963,815.	Charges
06900	Electrocardiology	00500	PPS Reimbrused Services	106,861.	Cost
07000	Electroencephalography	00100	CC Ratio Wkst C Part 1	0.156761	CC Ratio
07000	Electroencephalography	00200	PPS Reimbrused Services	16,623.	Charges
07000	Electroencephalography	00500	PPS Reimbrused Services	2,606.	Cost
07100	Medical Supplies Charged to Patients	00100	CC Ratio Wkst C Part 1	0.217549	CC Ratio
07100	Medical Supplies Charged to Patients	00200	PPS Reimbrused Services	2,067,554.	Charges
07100	Medical Supplies Charged to Patients	00500	PPS Reimbrused Services	449,794.	Cost
07200	Implantable Devices Charged to Patients	00100	CC Ratio Wkst C Part 1	0.220856	CC Ratio

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100268 WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428

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

D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
07200	Implantable Devices Charged to Patients	00200	PPS Reimbrused Services	3,775,975.	Charges
07200	Implantable Devices Charged to Patients	00500	PPS Reimbrused Services	833,947.	Cost
07300	Drugs Charged to Patients	00100	CC Ratio Wkst C Part 1	0.148418	CC Ratio
07300	Drugs Charged to Patients	00200	PPS Reimbrused Services	2,502,860.	Charges
07300	Drugs Charged to Patients	00400	Cost Reimb Svcs - No Co-I	36,074.	Charges
07300	Drugs Charged to Patients	00500	PPS Reimbrused Services	371,469.	Cost
07300	Drugs Charged to Patients	00700	Cost Reimb Svcs - No Co-I	5,354.	Cost
07400	Renal Dialysis	00100	CC Ratio Wkst C Part 1	0.154163	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.198876	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.161982	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	705,164.	Charges
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	114,224.	Cost
09000	Clinic	00100	CC Ratio Wkst C Part 1	0.108318	CC Ratio
09000	Clinic	00200	PPS Reimbrused Services	5,037,159.	Charges
09000	Clinic	00500	PPS Reimbrused Services	545,615.	Cost
09000	Clinic	00100	CC Ratio Wkst C Part 1	0.234770	CC Ratio
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.059305	CC Ratio
09100	Emergency	00200	PPS Reimbrused Services	9,675,066.	Charges
09100	Emergency	00500	PPS Reimbrused Services	573,780.	Cost
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.175760	CC Ratio
09100	Emergency	00200	PPS Reimbrused Services	1,741,279.	Charges
09100	Emergency	00500	PPS Reimbrused Services	306,047.	Cost
09200	Observation Beds	00100	CC Ratio Wkst C Part 1	0.270417	CC Ratio

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Line Line Description Col Column Desc Line Value Type
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Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted

D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
09200	Observation Beds	00200	PPS Reimbrused Services	895,729.	Charges
09200	Observation Beds	00500	PPS Reimbrused Services	242,220.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00200	PPS Reimbrused Services	66,112,041.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00400	Cost Reimb Svcs - No Co-I	36,074.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00500	PPS Reimbrused Services	5,598,566.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00700	Cost Reimb Svcs - No Co-I	5,354.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00200	PPS Reimbrused Services	66,112,041.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00400	Cost Reimb Svcs - No Co-I	36,074.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00500	PPS Reimbrused Services	5,598,566.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00700	Cost Reimb Svcs - No Co-I	5,354.	Cost
A19	Hospital Medicaid				
05000	Operating Room	00300	Cost Reimb Svcs - Co-Ins	77,148.	Charges
05200	Delivery Room and Labor Room	00300	Cost Reimb Svcs - Co-Ins	88,151.	Charges
05300	Anesthesiology	00300	Cost Reimb Svcs - Co-Ins	9,162.	Charges
05400	Radiology - Diagnositc	00300	Cost Reimb Svcs - Co-Ins	355,047.	Charges
05400	Radiology - Diagnositc	00300	Cost Reimb Svcs - Co-Ins	358,213.	Charges
05400	Radiology - Diagnositc	00300	Cost Reimb Svcs - Co-Ins	51,169.	Charges
05700	Computer Tomography (CT) Scan	00300	Cost Reimb Svcs - Co-Ins	1,592,911.	Charges
05800	Magnetic Resonance Imaging (MRI)	00300	Cost Reimb Svcs - Co-Ins	168,367.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
06000	Laboratory	00300	Cost Reimb Svcs - Co-Ins	2,307,232.	Charges
06300	Blood Storing, Processing and Transportation	00300	Cost Reimb Svcs - Co-Ins	4,209.	Charges
06500	Respiratory Therapy	00300	Cost Reimb Svcs - Co-Ins	34,496.	Charges
06600	Physical Therapy	00300	Cost Reimb Svcs - Co-Ins	920.	Charges
06900	Electrocardiology	00300	Cost Reimb Svcs - Co-Ins	105,298.	Charges
07000	Electroencephalography	00300	Cost Reimb Svcs - Co-Ins	5,553.	Charges
07100	Medical Supplies Charged to Patients	00300	Cost Reimb Svcs - Co-Ins	72,508.	Charges
07300	Drugs Charged to Patients	00300	Cost Reimb Svcs - Co-Ins	223,721.	Charges
07600	Other Ancillary Cost	00300	Cost Reimb Svcs - Co-Ins	65,380.	Charges
09000	Clinic	00300	Cost Reimb Svcs - Co-Ins	62,825.	Charges
09000	Clinic	00300	Cost Reimb Svcs - Co-Ins	73,303.	Charges
09100	Emergency	00300	Cost Reimb Svcs - Co-Ins	2,637,406.	Charges
09100	Emergency	00300	Cost Reimb Svcs - Co-Ins	605,672.	Charges
09200	Observation Beds	00300	Cost Reimb Svcs - Co-Ins	21,898.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00300	Cost Reimb Svcs - Co-Ins	8,920,589.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00600	Cost Reimb Svcs - Co-Ins	569,625.	Cost
D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
A18	Hospital Medicare				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	30,991.	Days

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	30,991.	Days
00300	Private Room Days (Excluding Swing-Bed Private Room Days)	00100	Inpatient Amount	1,883.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	25,768.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	5,888.	Days
01400	Medically necessary private room days applicable to the program (excluding swing-bed days).	00100	Inpatient Amount	180.	Days
02100	Total General Inpatient Routine Service Cost	00100	Inpatient Amount	25,975,726.	
02700	General Inpatient Routine Service Cost Net of Swing-Bed Cost (Line 21 Minus Line 26).	00100	Inpatient Amount	25,975,726.	
02800	General Inpatient Routine Service Charges (Excluding Swing-Bed Charges)	00100	Inpatient Amount	117,307,538.	
02900	Private Room Charges (Excluding Swing-Bed Charges)	00100	Inpatient Amount	9,436,054.	
03000	Semi-Private Room Charges (Excluding Swing-Bed Charges)	00100	Inpatient Amount	107,871,484.	
03100	General Inpatient Routine Service Cost/Charge Ratio (Line 27 Divided by Line 28)	00100	Inpatient Amount	0.221433	CC Ratio
03200	Average Private Room per Diem Charge (Line 29 Divided by Line 03)	00100	Inpatient Amount	5,011.18	Per Diem
03300	Average Semi-Private Room Per Diem Charge (Line 20 Divided by Line 04)	00100	Inpatient Amount	4,186.26	Per Diem
03400	Average Per Diem Private Room Charge Differential (Line 32 Minus Line 33)	00100	Inpatient Amount	824.92	Per Diem
03500	Average Per Diem Private Room Cost Differential (Line 34 Times 31)	00100	Inpatient Amount	182.66	Per Diem
03600	Private Room Cost Differential Adjustment (Line 03 Times 37)	00100	Inpatient Amount	343,949.	
03700	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	25,631,777.	
03800	Adjusted General Inpatient Routine Service Cost Per Diem	00100	Inpatient Amount	838.17	Per Diem

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
03900	Program General Inpatient Routine Service Cost (Line 9 Times Line 38)	00100	Inpatient Amount	4,935,145.	
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	4,935,145.	
04300	Intensive Care Unit	00100	Inpatient Amount	6,607,900.	
04300	Intensive Care Unit	00200	Inpatient Days	4,211.	Days
04300	Intensive Care Unit	00300	Average Per Diem	1,569.20	Per Diem
04300	Intensive Care Unit	00400	Program Days	1,467.	Days
04300	Intensive Care Unit	00500	Program Cost	2,302,016.	
04700	Other Special Care Unit	00100	Inpatient Amount	6,556,777.	
04700	Other Special Care Unit	00200	Inpatient Days	4,803.	Days
04700	Other Special Care Unit	00300	Average Per Diem	1,365.14	Per Diem
04700	Other Special Care Unit	00100	Inpatient Amount	1,622,233.	04701
04700	Other Special Care Unit	00200	Inpatient Days	597.	Days
04700	Other Special Care Unit	00300	Average Per Diem	2,717.31	Per Diem
04800	Program Inpatient Ancillary Service Cost (Worksteet D-4 Column 03 Line 101)	00100	Inpatient Amount	10,974,590.	
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	18,211,751.	
05000	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 1 and 3).	00100	Inpatient Amount	593,257.	
05100	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 2 and 4).	00100	Inpatient Amount	409,533.	
05200	Total Program Excluded Cost (Sum of Lines 50 and 51)	00100	Inpatient Amount	1,002,790.	
05300	Total program inpatient operating cost excluding captial related, nonphysician anesthetist and medical education cost (line 4	00100	Inpatient Amount	17,208,961.	
08700	Total Observation Bed Days	00100	Inpatient Amount	3,340.	Days
08800	Adjusted General Inpatient Routine Cost Per Diem (Line 27 Divided by Line 02)	00100	Inpatient Amount	838.17	Per Diem
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	2,799,488.	
09000	Capital Related Cost	00100	Inpatient Amount	2,383,585.	

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
09000	Capital Related Cost	00200	Inpatient Days	25,975,726.	Days
09000	Capital Related Cost	00300	Average Per Diem	0.09	Per Diem
09000	Capital Related Cost	00400	Program Days	2,799,488.	Days
09000	Capital Related Cost	00500	Program Cost	256,887.	
09100	Nursing School Cost	00200	Inpatient Days	25,975,726.	Days
09100	Nursing School Cost	00400	Program Days	2,799,488.	Days
09200	Allied Health Cost	00100	Inpatient Amount	30,271.	
09200	Allied Health Cost	00200	Inpatient Days	25,975,726.	Days
09200	Allied Health Cost	00300	Average Per Diem	0.	Per Diem
09200	Allied Health Cost	00400	Program Days	2,799,488.	Days
09200	Allied Health Cost	00500	Program Cost	3,261.	
09300	All Other Medical Education	00200	Inpatient Days	25,975,726.	Days
09300	All Other Medical Education	00400	Program Days	2,799,488.	Days
A19	Hospital Medicaid				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	30,991.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	30,991.	Days
00300	Private Room Days (Excluding Swing-Bed Private Room Days)	00100	Inpatient Amount	1,883.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	25,768.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	1,958.	Days
02800	General Inpatient Routine Service Charges (Excluding Swing-Bed Charges)	00100	Inpatient Amount	117,307,538.	
02900	Private Room Charges (Excluding Swing-Bed Charges)	00100	Inpatient Amount	9,436,054.	
03000	Semi-Private Room Charges (Excluding Swing-Bed Charges)	00100	Inpatient Amount	107,871,484.	
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	5,192,292.	
08700	Total Observation Bed Days	00100	Inpatient Amount	3,340.	Days
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	2,795,480.	

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	25,234,832.	
03100	Intensive Care Unit	00200	Inpatient Charges	13,808,928.	
05000	Operating Room	00100	Cost to Charge Ratio	0.092617	CC Ratio
05000	Operating Room	00200	Inpatient Charges	11,737,880.	
05000	Operating Room	00300	Inpatient Cost	1,087,127.	
05200	Delivery Room and Labor Room	00100	Cost to Charge Ratio	0.161856	CC Ratio
05200	Delivery Room and Labor Room	00200	Inpatient Charges	132,054.	
05200	Delivery Room and Labor Room	00300	Inpatient Cost	21,374.	
05300	Anesthesiology	00100	Cost to Charge Ratio	0.005768	CC Ratio
05300	Anesthesiology	00200	Inpatient Charges	2,715,421.	
05300	Anesthesiology	00300	Inpatient Cost	15,663.	
05400	Radiology - Diagnositc	00100	Cost to Charge Ratio	0.118977	CC Ratio
05400	Radiology - Diagnositc	00200	Inpatient Charges	6,003,841.	
05400	Radiology - Diagnositc	00300	Inpatient Cost	714,319.	
05400	Radiology - Diagnositc	00100	Cost to Charge Ratio	0.049808	CC Ratio
05400	Radiology - Diagnositc	00200	Inpatient Charges	3,532,062.	05401
05400	Radiology - Diagnositc	00300	Inpatient Cost	175,925.	05401
05400	Radiology - Diagnositc	00100	Cost to Charge Ratio	0.069647	CC Ratio
05400	Radiology - Diagnositc	00200	Inpatient Charges	1,312,668.	05402
05400	Radiology - Diagnositc	00300	Inpatient Cost	91,423.	05402
05700	Computer Tomography (CT) Scan	00100	Cost to Charge Ratio	0.013763	CC Ratio
05700	Computer Tomography (CT) Scan	00200	Inpatient Charges	12,856,692.	
05700	Computer Tomography (CT) Scan	00300	Inpatient Cost	176,947.	
05800	Magnetic Resonance Imaging (MRI)	00100	Cost to Charge Ratio	0.027436	CC Ratio
05800	Magnetic Resonance Imaging (MRI)	00200	Inpatient Charges	2,711,905.	
05800	Magnetic Resonance Imaging (MRI)	00300	Inpatient Cost	74,404.	
06000	Laboratory	00100	Cost to Charge Ratio	0.038198	CC Ratio
06000	Laboratory	00200	Inpatient Charges	30,889,226.	
06000	Laboratory	00300	Inpatient Cost	1,179,907.	
06300	Blood Storing, Processing and Transportation	00100	Cost to Charge Ratio	0.465296	CC Ratio
06300	Blood Storing, Processing and Transportation	00200	Inpatient Charges	322,343.	
06300	Blood Storing, Processing and Transportation	00300	Inpatient Cost	149,985.	
06500	Respiratory Therapy	00100	Cost to Charge Ratio	0.080326	CC Ratio

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
06500	Respiratory Therapy	00200	Inpatient Charges	7,820,340.	
06500	Respiratory Therapy	00300	Inpatient Cost	628,177.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.214830	CC Ratio
06600	Physical Therapy	00200	Inpatient Charges	2,654,201.	
06600	Physical Therapy	00300	Inpatient Cost	570,202.	
06900	Electrocardiology	00100	Cost to Charge Ratio	0.110873	CC Ratio
06900	Electrocardiology	00200	Inpatient Charges	1,718,275.	
06900	Electrocardiology	00300	Inpatient Cost	190,510.	
07000	Electroencephalography	00100	Cost to Charge Ratio	0.156761	CC Ratio
07000	Electroencephalography	00200	Inpatient Charges	146,438.	
07000	Electroencephalography	00300	Inpatient Cost	22,956.	
07100	Medical Supplies Charged to Patients	00100	Cost to Charge Ratio	0.217549	CC Ratio
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	3,631,476.	
07100	Medical Supplies Charged to Patients	00300	Inpatient Cost	790,024.	
07200	Implantable Devices Charged to Patients	00100	Cost to Charge Ratio	0.220856	CC Ratio
07200	Implantable Devices Charged to Patients	00200	Inpatient Charges	12,187,837.	
07200	Implantable Devices Charged to Patients	00300	Inpatient Cost	2,691,757.	
07300	Drugs Charged to Patients	00100	Cost to Charge Ratio	0.148418	CC Ratio
07300	Drugs Charged to Patients	00200	Inpatient Charges	10,085,266.	
07300	Drugs Charged to Patients	00300	Inpatient Cost	1,496,835.	
07400	Renal Dialysis	00100	Cost to Charge Ratio	0.154163	CC Ratio
07400	Renal Dialysis	00200	Inpatient Charges	544,194.	
07400	Renal Dialysis	00300	Inpatient Cost	83,895.	
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.198876	CC Ratio
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.161982	CC Ratio
09000	Clinic	00100	Cost to Charge Ratio	0.108318	CC Ratio
09000	Clinic	00200	Inpatient Charges	13,757.	09001
09000	Clinic	00300	Inpatient Cost	1,490.	09001
09000	Clinic	00100	Cost to Charge Ratio	0.234770	CC Ratio
09100	Emergency	00100	Cost to Charge Ratio	0.059305	CC Ratio
09100	Emergency	00200	Inpatient Charges	9,517,787.	
09100	Emergency	00300	Inpatient Cost	564,452.	
09100	Emergency	00100	Cost to Charge Ratio	0.175760	CC Ratio
09100	Emergency	00200	Inpatient Charges	367,464.	09101

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
09100	Emergency	00300	Inpatient Cost	64,585.	09101
09200	Observation Beds	00100	Cost to Charge Ratio	0.270417	CC Ratio
09200	Observation Beds	00200	Inpatient Charges	675,374.	
09200	Observation Beds	00300	Inpatient Cost	182,633.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	121,576,501.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	10,974,590.	
20200	Worksheet D3 Net Charges (Lines 200 minus 201)	00200	Inpatient Charges	121,576,501.	
A19	Hospital Medicaid				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	3,576,851.	
03100	Intensive Care Unit	00200	Inpatient Charges	877,725.	
03500	Other Special Care	00200	Inpatient Charges	2,942,650.	
03500	Other Special Care	00200	Inpatient Charges	930,500.	03501
04300	Nursery	00200	Inpatient Charges	342,788.	
05000	Operating Room	00200	Inpatient Charges	1,377,930.	
05200	Delivery Room and Labor Room	00200	Inpatient Charges	608,203.	
05300	Anesthesiology	00200	Inpatient Charges	436,647.	
05400	Radiology - Diagnostc	00200	Inpatient Charges	680,251.	
05400	Radiology - Diagnostc	00200	Inpatient Charges	542,340.	05401
05400	Radiology - Diagnostc	00200	Inpatient Charges	190,721.	05402
05700	Computer Tomography (CT) Scan	00200	Inpatient Charges	1,295,340.	
05800	Magnetic Resonance Imaging (MRI)	00200	Inpatient Charges	421,644.	
06000	Laboratory	00200	Inpatient Charges	4,772,041.	
06300	Blood Storing, Processing and Transportation	00200	Inpatient Charges	106,794.	
06500	Respiratory Therapy	00200	Inpatient Charges	1,882,055.	
06600	Physical Therapy	00200	Inpatient Charges	178,421.	
06900	Electrocardiology	00200	Inpatient Charges	142,223.	
07000	Electroencephalography	00200	Inpatient Charges	40,987.	
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	541,009.	
07200	Implantable Devices Charged to Patients	00200	Inpatient Charges	412,172.	
07300	Drugs Charged to Patients	00200	Inpatient Charges	1,999,064.	
07400	Renal Dialysis	00200	Inpatient Charges	66,021.	
07600	Other Ancillary Cost	00200	Inpatient Charges	20,904.	07605
09000	Clinic	00200	Inpatient Charges	13,083.	09001

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
09100	Emergency	00200	Inpatient Charges	1,258,301.	
09100	Emergency	00200	Inpatient Charges	85,333.	09101
09200	Observation Beds	00200	Inpatient Charges	31,245.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	17,102,729.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	1,441,974.	

100269 PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470

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

D00	Wkst D Apportionment of Costs				
1	Part 1 - Apportionment of Inpatient Routine - Service Capital Costs				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00100	Capital Related Cost	3,691,516.	
03000	Adults and Pediatrics - General Routine Care	00300	Net Capital Related Cost	3,691,516.	
03000	Adults and Pediatrics - General Routine Care	00400	Total Patient Days	52,150.	Days
03000	Adults and Pediatrics - General Routine Care	00500	Per Diem	70.79	Per Diem
03000	Adults and Pediatrics - General Routine Care	00600	Inpatient Program Days	8,797.	Days
03000	Adults and Pediatrics - General Routine Care	00700	Inpatient Capital Cost	622,740.	
03100	Intensive Care Unit	00100	Capital Related Cost	553,251.	
03100	Intensive Care Unit	00300	Net Capital Related Cost	553,251.	
03100	Intensive Care Unit	00400	Total Patient Days	5,703.	Days
03100	Intensive Care Unit	00500	Per Diem	97.01	Per Diem
03100	Intensive Care Unit	00600	Inpatient Program Days	1,897.	Days
03100	Intensive Care Unit	00700	Inpatient Capital Cost	184,028.	
03500	Other Special Care	00100	Capital Related Cost	377,372.	
03500	Other Special Care	00300	Net Capital Related Cost	377,372.	
03500	Other Special Care	00400	Total Patient Days	2,261.	Days
03500	Other Special Care	00500	Per Diem	166.90	Per Diem
04300	Nursery	00100	Capital Related Cost	59,658.	
04300	Nursery	00300	Net Capital Related Cost	59,658.	
04300	Nursery	00400	Total Patient Days	3,621.	Days
04300	Nursery	00500	Per Diem	16.48	Per Diem
20000	Worksheet D Part 1 Total (Lines 30-199)	00100	Capital Related Cost	4,681,797.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00300	Net Capital Related Cost	4,681,797.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00400	Total Patient Days	63,735.	Days

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D00	Wkst D Apportionment of Costs				
1	Part 1 - Apportionment of Inpatient Routine - Service Capital Costs				
20000	Worksheet D Part 1 Total (Lines 30-199)	00600	Inpatient Program Days	10,694.	Days
20000	Worksheet D Part 1 Total (Lines 30-199)	00700	Inpatient Capital Cost	806,768.	
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
A18	Hospital Medicare				
05000	Operating Room	00100	Capital Related Cost	1,059,656.	
05000	Operating Room	00200	Total Charges	136,476,423.	
05000	Operating Room	00300	Cost to Charge Ratio	0.007764	Ratio
05000	Operating Room	00400	Inpatient Charges	8,861,022.	
05000	Operating Room	00500	Capital Costs	68,797.	
05000	Operating Room	00100	Capital Related Cost	72,694.	05001
05000	Operating Room	00200	Total Charges	16,626,187.	05001
05000	Operating Room	00300	Cost to Charge Ratio	0.004372	Ratio
05000	Operating Room	00400	Inpatient Charges	2,457,392.	05001
05000	Operating Room	00500	Capital Costs	10,744.	05001
05100	Recovery Room	00100	Capital Related Cost	185,044.	
05100	Recovery Room	00200	Total Charges	32,385,231.	
05100	Recovery Room	00300	Cost to Charge Ratio	0.005714	Ratio
05100	Recovery Room	00400	Inpatient Charges	2,434,209.	
05100	Recovery Room	00500	Capital Costs	13,909.	
05200	Delivery Room and Labor Room	00100	Capital Related Cost	706,632.	
05200	Delivery Room and Labor Room	00200	Total Charges	31,015,892.	
05200	Delivery Room and Labor Room	00300	Cost to Charge Ratio	0.022783	Ratio
05200	Delivery Room and Labor Room	00400	Inpatient Charges	41,405.	
05200	Delivery Room and Labor Room	00500	Capital Costs	943.	
05300	Anesthesiology	00100	Capital Related Cost	64,573.	
05300	Anesthesiology	00200	Total Charges	54,950,619.	
05300	Anesthesiology	00300	Cost to Charge Ratio	0.001175	Ratio
05300	Anesthesiology	00400	Inpatient Charges	4,304,192.	
05300	Anesthesiology	00500	Capital Costs	5,057.	
05400	Radiology - Diagnostc	00100	Capital Related Cost	570,106.	
05400	Radiology - Diagnostc	00200	Total Charges	143,420,469.	
05400	Radiology - Diagnostc	00300	Cost to Charge Ratio	0.003975	Ratio
05400	Radiology - Diagnostc	00400	Inpatient Charges	17,190,984.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05400	Radiology - Diagnositic	00500	Capital Costs	68,334.	
05600	Radioisotope	00100	Capital Related Cost	63,062.	
05600	Radioisotope	00200	Total Charges	4,439,421.	
05600	Radioisotope	00300	Cost to Charge Ratio	0.014205	Ratio
05600	Radioisotope	00400	Inpatient Charges	634,475.	
05600	Radioisotope	00500	Capital Costs	9,013.	
05700	Computer Tomography (CT) Scan	00100	Capital Related Cost	109,862.	
05700	Computer Tomography (CT) Scan	00200	Total Charges	270,372,526.	
05700	Computer Tomography (CT) Scan	00300	Cost to Charge Ratio	0.000406	Ratio
05700	Computer Tomography (CT) Scan	00400	Inpatient Charges	28,166,412.	
05700	Computer Tomography (CT) Scan	00500	Capital Costs	11,436.	
05800	Magnetic Resonance Imaging (MRI)	00100	Capital Related Cost	121,519.	
05800	Magnetic Resonance Imaging (MRI)	00200	Total Charges	53,556,267.	
05800	Magnetic Resonance Imaging (MRI)	00300	Cost to Charge Ratio	0.002269	Ratio
05800	Magnetic Resonance Imaging (MRI)	00400	Inpatient Charges	6,016,532.	
05800	Magnetic Resonance Imaging (MRI)	00500	Capital Costs	13,652.	
06000	Laboratory	00100	Capital Related Cost	626,763.	
06000	Laboratory	00200	Total Charges	338,914,748.	
06000	Laboratory	00300	Cost to Charge Ratio	0.001849	Ratio
06000	Laboratory	00400	Inpatient Charges	40,287,433.	
06000	Laboratory	00500	Capital Costs	74,491.	
06200	Whole Blood and Packed Red Blood Cells	00100	Capital Related Cost	51,556.	
06200	Whole Blood and Packed Red Blood Cells	00200	Total Charges	1,715,646.	
06200	Whole Blood and Packed Red Blood Cells	00300	Cost to Charge Ratio	0.030050	Ratio
06200	Whole Blood and Packed Red Blood Cells	00400	Inpatient Charges	255,766.	
06200	Whole Blood and Packed Red Blood Cells	00500	Capital Costs	7,686.	
06400	Intravenous Therapy	00100	Capital Related Cost	27,149.	
06400	Intravenous Therapy	00200	Total Charges	32,647,225.	
06400	Intravenous Therapy	00300	Cost to Charge Ratio	0.000832	Ratio
06400	Intravenous Therapy	00400	Inpatient Charges	4,451,214.	
06400	Intravenous Therapy	00500	Capital Costs	3,703.	
06500	Respiratory Therapy	00100	Capital Related Cost	206,810.	
06500	Respiratory Therapy	00200	Total Charges	66,096,317.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
06500	Respiratory Therapy	00300	Cost to Charge Ratio	0.003129	Ratio
06500	Respiratory Therapy	00400	Inpatient Charges	13,272,596.	
06500	Respiratory Therapy	00500	Capital Costs	41,530.	
06600	Physical Therapy	00100	Capital Related Cost	503,828.	
06600	Physical Therapy	00200	Total Charges	32,823,051.	
06600	Physical Therapy	00300	Cost to Charge Ratio	0.015350	Ratio
06600	Physical Therapy	00400	Inpatient Charges	4,489,814.	
06600	Physical Therapy	00500	Capital Costs	68,919.	
07000	Electroencephalography	00100	Capital Related Cost	8,817.	
07000	Electroencephalography	00200	Total Charges	6,629,523.	
07000	Electroencephalography	00300	Cost to Charge Ratio	0.001330	Ratio
07000	Electroencephalography	00400	Inpatient Charges	1,014,591.	
07000	Electroencephalography	00500	Capital Costs	1,349.	
07100	Medical Supplies Charged to Patients	00100	Capital Related Cost	425,211.	
07100	Medical Supplies Charged to Patients	00200	Total Charges	68,184,641.	
07100	Medical Supplies Charged to Patients	00300	Cost to Charge Ratio	0.006236	Ratio
07100	Medical Supplies Charged to Patients	00400	Inpatient Charges	13,374,870.	
07100	Medical Supplies Charged to Patients	00500	Capital Costs	83,406.	
07200	Implantable Devices Charged to Patients	00100	Capital Related Cost	377,611.	
07200	Implantable Devices Charged to Patients	00200	Total Charges	16,956,010.	
07200	Implantable Devices Charged to Patients	00300	Cost to Charge Ratio	0.022270	Ratio
07200	Implantable Devices Charged to Patients	00400	Inpatient Charges	1,528,031.	
07200	Implantable Devices Charged to Patients	00500	Capital Costs	34,029.	
07300	Drugs Charged to Patients	00100	Capital Related Cost	656,212.	
07300	Drugs Charged to Patients	00200	Total Charges	110,085,029.	
07300	Drugs Charged to Patients	00300	Cost to Charge Ratio	0.005961	Ratio
07300	Drugs Charged to Patients	00400	Inpatient Charges	19,066,699.	
07300	Drugs Charged to Patients	00500	Capital Costs	113,657.	
07400	Renal Dialysis	00100	Capital Related Cost	62,292.	
07400	Renal Dialysis	00200	Total Charges	4,961,862.	
07400	Renal Dialysis	00300	Cost to Charge Ratio	0.012554	Ratio
07400	Renal Dialysis	00400	Inpatient Charges	2,074,881.	
07400	Renal Dialysis	00500	Capital Costs	26,048.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
07600	Other Ancillary Cost	00100	Capital Related Cost	9,292.	
07600	Other Ancillary Cost	00200	Total Charges	596,992.	
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.015565	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	3,349.	
07600	Other Ancillary Cost	00500	Capital Costs	52.	
09100	Emergency	00100	Capital Related Cost	1,489,142.	
09100	Emergency	00200	Total Charges	140,962,952.	
09100	Emergency	00300	Cost to Charge Ratio	0.010564	Ratio
09100	Emergency	00400	Inpatient Charges	9,105,483.	
09100	Emergency	00500	Capital Costs	96,190.	
09200	Observation Beds	00100	Capital Related Cost	523,824.	
09200	Observation Beds	00200	Total Charges	14,620,205.	
09200	Observation Beds	00300	Cost to Charge Ratio	0.035829	Ratio
09200	Observation Beds	00400	Inpatient Charges	210,729.	
09200	Observation Beds	00500	Capital Costs	7,550.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00100	Capital Related Cost	7,921,655.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00200	Total Charges	1,578,437,236.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00400	Inpatient Charges	179,242,079.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00500	Capital Costs	760,495.	
3	Part 3 - Apportionment of Inpatient Routine Service - Other Pass Through Cost				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00600	Total Patient Days	52,150.	Days
03000	Adults and Pediatrics - General Routine Care	00800	Program Inpatient Days	8,797.	Days
03100	Intensive Care Unit	00600	Total Patient Days	5,703.	Days
03100	Intensive Care Unit	00800	Program Inpatient Days	1,897.	Days
03500	Other Special Care	00600	Total Patient Days	2,261.	Days
04300	Nursery	00600	Total Patient Days	3,621.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00600	Total Patient Days	63,735.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00800	Program Inpatient Days	10,694.	Days
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
A18	Hospital Medicare				
05000	Operating Room	00700	Total Charges	136,476,423.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
05000	Operating Room	01000	Inpatient Charges	8,861,022.	
05000	Operating Room	01200	Outpatient Charges	6,568,147.	
05000	Operating Room	00700	Total Charges	16,626,187.	05001
05000	Operating Room	01000	Inpatient Charges	2,457,392.	05001
05000	Operating Room	01200	Outpatient Charges	1,311,390.	05001
05100	Recovery Room	00700	Total Charges	32,385,231.	
05100	Recovery Room	01000	Inpatient Charges	2,434,209.	
05100	Recovery Room	01200	Outpatient Charges	1,784,563.	
05200	Delivery Room and Labor Room	00700	Total Charges	31,015,892.	
05200	Delivery Room and Labor Room	01000	Inpatient Charges	41,405.	
05200	Delivery Room and Labor Room	01200	Outpatient Charges	12,192.	
05300	Anesthesiology	00700	Total Charges	54,950,619.	
05300	Anesthesiology	01000	Inpatient Charges	4,304,192.	
05300	Anesthesiology	01200	Outpatient Charges	2,651,756.	
05400	Radiology - Diagnostc	00700	Total Charges	143,420,469.	
05400	Radiology - Diagnostc	01000	Inpatient Charges	17,190,984.	
05400	Radiology - Diagnostc	01200	Outpatient Charges	5,412,312.	
05600	Radioisotope	00700	Total Charges	4,439,421.	
05600	Radioisotope	01000	Inpatient Charges	634,475.	
05600	Radioisotope	01200	Outpatient Charges	171,768.	
05700	Computer Tomography (CT) Scan	00700	Total Charges	270,372,526.	
05700	Computer Tomography (CT) Scan	01000	Inpatient Charges	28,166,412.	
05700	Computer Tomography (CT) Scan	01200	Outpatient Charges	11,439,962.	
05800	Magnetic Resonance Imaging (MRI)	00700	Total Charges	53,556,267.	
05800	Magnetic Resonance Imaging (MRI)	01000	Inpatient Charges	6,016,532.	
05800	Magnetic Resonance Imaging (MRI)	01200	Outpatient Charges	1,627,534.	
06000	Laboratory	00700	Total Charges	338,914,748.	
06000	Laboratory	01000	Inpatient Charges	40,287,433.	
06000	Laboratory	01200	Outpatient Charges	7,711,336.	
06200	Whole Blood and Packed Red Blood Cells	00700	Total Charges	1,715,646.	
06200	Whole Blood and Packed Red Blood Cells	01000	Inpatient Charges	255,766.	
06200	Whole Blood and Packed Red Blood Cells	01200	Outpatient Charges	51,816.	
06400	Intravenous Therapy	00700	Total Charges	32,647,225.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
06400	Intravenous Therapy	01000	Inpatient Charges	4,451,214.	
06400	Intravenous Therapy	01200	Outpatient Charges	336,708.	
06500	Respiratory Therapy	00700	Total Charges	66,096,317.	
06500	Respiratory Therapy	01000	Inpatient Charges	13,272,596.	
06500	Respiratory Therapy	01200	Outpatient Charges	841,198.	
06600	Physical Therapy	00700	Total Charges	32,823,051.	
06600	Physical Therapy	01000	Inpatient Charges	4,489,814.	
06600	Physical Therapy	01200	Outpatient Charges	66,872.	
07000	Electroencephalography	00700	Total Charges	6,629,523.	
07000	Electroencephalography	01000	Inpatient Charges	1,014,591.	
07000	Electroencephalography	01200	Outpatient Charges	39,673.	
07100	Medical Supplies Charged to Patients	00700	Total Charges	68,184,641.	
07100	Medical Supplies Charged to Patients	01000	Inpatient Charges	13,374,870.	
07100	Medical Supplies Charged to Patients	01200	Outpatient Charges	1,709,401.	
07200	Implantable Devices Charged to Patients	00700	Total Charges	16,956,010.	
07200	Implantable Devices Charged to Patients	01000	Inpatient Charges	1,528,031.	
07200	Implantable Devices Charged to Patients	01200	Outpatient Charges	786,969.	
07300	Drugs Charged to Patients	00700	Total Charges	110,085,029.	
07300	Drugs Charged to Patients	01000	Inpatient Charges	19,066,699.	
07300	Drugs Charged to Patients	01200	Outpatient Charges	962,952.	
07400	Renal Dialysis	00700	Total Charges	4,961,862.	
07400	Renal Dialysis	01000	Inpatient Charges	2,074,881.	
07400	Renal Dialysis	01200	Outpatient Charges	397,943.	
07600	Other Ancillary Cost	00700	Total Charges	596,992.	
07600	Other Ancillary Cost	01000	Inpatient Charges	3,349.	
09100	Emergency	00700	Total Charges	140,962,952.	
09100	Emergency	01000	Inpatient Charges	9,105,483.	
09100	Emergency	01200	Outpatient Charges	4,627,468.	
09200	Observation Beds	00700	Total Charges	14,620,205.	
09200	Observation Beds	01000	Inpatient Charges	210,729.	
09200	Observation Beds	01200	Outpatient Charges	656,036.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00700	Total Charges	1,578,437,236.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01000	Inpatient Charges	179,242,079.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01200	Outpatient Charges	49,167,996.	
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
A18	Hospital Medicare				
05000	Operating Room	00100	CC Ratio Wkst C Part 1	0.092203	CC Ratio
05000	Operating Room	00200	PPS Reimbrused Services	6,568,147.	Charges
05000	Operating Room	00500	PPS Reimbrused Services	605,603.	Cost
05000	Operating Room	00100	CC Ratio Wkst C Part 1	0.067538	CC Ratio
05000	Operating Room	00200	PPS Reimbrused Services	1,311,390.	Charges
05000	Operating Room	00500	PPS Reimbrused Services	88,569.	Cost
05100	Recovery Room	00100	CC Ratio Wkst C Part 1	0.065732	CC Ratio
05100	Recovery Room	00200	PPS Reimbrused Services	1,784,563.	Charges
05100	Recovery Room	00500	PPS Reimbrused Services	117,303.	Cost
05200	Delivery Room and Labor Room	00100	CC Ratio Wkst C Part 1	0.246005	CC Ratio
05200	Delivery Room and Labor Room	00200	PPS Reimbrused Services	12,192.	Charges
05200	Delivery Room and Labor Room	00500	PPS Reimbrused Services	2,999.	Cost
05300	Anesthesiology	00100	CC Ratio Wkst C Part 1	0.011960	CC Ratio
05300	Anesthesiology	00200	PPS Reimbrused Services	2,651,756.	Charges
05300	Anesthesiology	00500	PPS Reimbrused Services	31,715.	Cost
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.052429	CC Ratio
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	5,412,312.	Charges
05400	Radiology - Diagnositc	00500	PPS Reimbrused Services	283,762.	Cost
05600	Radioisotope	00100	CC Ratio Wkst C Part 1	0.099016	CC Ratio
05600	Radioisotope	00200	PPS Reimbrused Services	171,768.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
05600	Radioisotope	00500	PPS Reimbrused Services	17,008.	Cost
05700	Computer Tomography (CT) Scan	00100	CC Ratio Wkst C Part 1	0.006466	CC Ratio
05700	Computer Tomography (CT) Scan	00200	PPS Reimbrused Services	11,439,962.	Charges
05700	Computer Tomography (CT) Scan	00500	PPS Reimbrused Services	73,971.	Cost
05800	Magnetic Resonance Imaging (MRI)	00100	CC Ratio Wkst C Part 1	0.019048	CC Ratio
05800	Magnetic Resonance Imaging (MRI)	00200	PPS Reimbrused Services	1,627,534.	Charges
05800	Magnetic Resonance Imaging (MRI)	00500	PPS Reimbrused Services	31,001.	Cost
06000	Laboratory	00100	CC Ratio Wkst C Part 1	0.021152	CC Ratio
06000	Laboratory	00200	PPS Reimbrused Services	7,711,336.	Charges
06000	Laboratory	00500	PPS Reimbrused Services	163,110.	Cost
06200	Whole Blood and Packed Red Blood Cells	00100	CC Ratio Wkst C Part 1	0.608627	CC Ratio
06200	Whole Blood and Packed Red Blood Cells	00200	PPS Reimbrused Services	51,816.	Charges
06200	Whole Blood and Packed Red Blood Cells	00500	PPS Reimbrused Services	31,537.	Cost
06400	Intravenous Therapy	00100	CC Ratio Wkst C Part 1	0.018920	CC Ratio
06400	Intravenous Therapy	00200	PPS Reimbrused Services	336,708.	Charges
06400	Intravenous Therapy	00500	PPS Reimbrused Services	6,371.	Cost
06500	Respiratory Therapy	00100	CC Ratio Wkst C Part 1	0.055410	CC Ratio
06500	Respiratory Therapy	00200	PPS Reimbrused Services	841,198.	Charges
06500	Respiratory Therapy	00500	PPS Reimbrused Services	46,611.	Cost
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.126089	CC Ratio
06600	Physical Therapy	00200	PPS Reimbrused Services	66,872.	Charges
06600	Physical Therapy	00500	PPS Reimbrused Services	8,432.	Cost

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
07000	Electroencephalography	00100	CC Ratio Wkst C Part 1	0.020503	CC Ratio
07000	Electroencephalography	00200	PPS Reimbrused Services	39,673.	Charges
07000	Electroencephalography	00500	PPS Reimbrused Services	813.	Cost
07100	Medical Supplies Charged to Patients	00100	CC Ratio Wkst C Part 1	0.116190	CC Ratio
07100	Medical Supplies Charged to Patients	00200	PPS Reimbrused Services	1,709,401.	Charges
07100	Medical Supplies Charged to Patients	00500	PPS Reimbrused Services	198,615.	Cost
07200	Implantable Devices Charged to Patients	00100	CC Ratio Wkst C Part 1	0.549637	CC Ratio
07200	Implantable Devices Charged to Patients	00200	PPS Reimbrused Services	786,969.	Charges
07200	Implantable Devices Charged to Patients	00500	PPS Reimbrused Services	432,547.	Cost
07300	Drugs Charged to Patients	00100	CC Ratio Wkst C Part 1	0.117672	CC Ratio
07300	Drugs Charged to Patients	00200	PPS Reimbrused Services	962,952.	Charges
07300	Drugs Charged to Patients	00400	Cost Reimb Svcs - No Co-I	57,405.	Charges
07300	Drugs Charged to Patients	00500	PPS Reimbrused Services	113,312.	Cost
07300	Drugs Charged to Patients	00700	Cost Reimb Svcs - No Co-I	6,755.	Cost
07400	Renal Dialysis	00100	CC Ratio Wkst C Part 1	0.165388	CC Ratio
07400	Renal Dialysis	00200	PPS Reimbrused Services	397,943.	Charges
07400	Renal Dialysis	00500	PPS Reimbrused Services	65,815.	Cost
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.156605	CC Ratio
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.082958	CC Ratio
09100	Emergency	00200	PPS Reimbrused Services	4,627,468.	Charges
09100	Emergency	00500	PPS Reimbrused Services	383,885.	Cost
09200	Observation Beds	00100	CC Ratio Wkst C Part 1	0.384425	CC 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

D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
09200	Observation Beds	00200	PPS Reimbrused Services	656,036.	Charges
09200	Observation Beds	00500	PPS Reimbrused Services	252,197.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00200	PPS Reimbrused Services	49,167,996.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00400	Cost Reimb Svcs - No Co-I	57,405.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00500	PPS Reimbrused Services	2,955,176.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00700	Cost Reimb Svcs - No Co-I	6,755.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00200	PPS Reimbrused Services	49,167,996.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00400	Cost Reimb Svcs - No Co-I	57,405.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00500	PPS Reimbrused Services	2,955,176.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00700	Cost Reimb Svcs - No Co-I	6,755.	Cost
A19	Hospital Medicaid				
05000	Operating Room	00300	Cost Reimb Svcs - Co-Ins	1,421,417.	Charges
05000	Operating Room	00300	Cost Reimb Svcs - Co-Ins	176,346.	Charges
05100	Recovery Room	00300	Cost Reimb Svcs - Co-Ins	377,069.	Charges
05200	Delivery Room and Labor Room	00300	Cost Reimb Svcs - Co-Ins	79,921.	Charges
05300	Anesthesiology	00300	Cost Reimb Svcs - Co-Ins	543,311.	Charges
05400	Radiology - Diagnositc	00300	Cost Reimb Svcs - Co-Ins	2,538,695.	Charges
05600	Radioisotope	00300	Cost Reimb Svcs - Co-Ins	28,211.	Charges
05700	Computer Tomography (CT) Scan	00300	Cost Reimb Svcs - Co-Ins	6,273,980.	Charges

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

D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
05800	Magnetic Resonance Imaging (MRI)	00300	Cost Reimb Svcs - Co-Ins	361,461.	Charges
06000	Laboratory	00300	Cost Reimb Svcs - Co-Ins	6,316,831.	Charges
06200	Whole Blood and Packed Red Blood Cells	00300	Cost Reimb Svcs - Co-Ins	3,038.	Charges
06400	Intravenous Therapy	00300	Cost Reimb Svcs - Co-Ins	297,663.	Charges
06500	Respiratory Therapy	00300	Cost Reimb Svcs - Co-Ins	462,456.	Charges
06600	Physical Therapy	00300	Cost Reimb Svcs - Co-Ins	115,571.	Charges
07000	Electroencephalography	00300	Cost Reimb Svcs - Co-Ins	39,999.	Charges
07100	Medical Supplies Charged to Patients	00300	Cost Reimb Svcs - Co-Ins	334,165.	Charges
07200	Implantable Devices Charged to Patients	00300	Cost Reimb Svcs - Co-Ins	51,773.	Charges
07300	Drugs Charged to Patients	00300	Cost Reimb Svcs - Co-Ins	561,324.	Charges
07600	Other Ancillary Cost	00300	Cost Reimb Svcs - Co-Ins	2,089.	Charges
09100	Emergency	00300	Cost Reimb Svcs - Co-Ins	3,969,791.	Charges
09200	Observation Beds	00300	Cost Reimb Svcs - Co-Ins	450,947.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00300	Cost Reimb Svcs - Co-Ins	24,406,058.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00600	Cost Reimb Svcs - Co-Ins	1,195,715.	Cost
D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
A18	Hospital Medicare				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	52,150.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	52,150.	Days

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
00400	Semi-Private Room Days	00100	Inpatient Amount	44,750.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	8,797.	Days
02100	Total General Inpatient Routine Service Cost	00100	Inpatient Amount	39,608,291.	
02700	General Inpatient Routine Service Cost Net of Swing-Bed Cost (Line 21 Minus Line 26).	00100	Inpatient Amount	39,608,291.	
03700	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	39,608,291.	
03800	Adjusted General Inpatient Routine Service Cost Per Diem	00100	Inpatient Amount	759.51	Per Diem
03900	Program General Inpatient Routine Service Cost (Line 9 Times Line 38)	00100	Inpatient Amount	6,681,409.	
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	6,681,409.	
04300	Intensive Care Unit	00100	Inpatient Amount	7,795,545.	
04300	Intensive Care Unit	00200	Inpatient Days	5,703.	Days
04300	Intensive Care Unit	00300	Average Per Diem	1,366.92	Per Diem
04300	Intensive Care Unit	00400	Program Days	1,897.	Days
04300	Intensive Care Unit	00500	Program Cost	2,593,047.	
04700	Other Special Care Unit	00100	Inpatient Amount	3,583,547.	
04700	Other Special Care Unit	00200	Inpatient Days	2,261.	Days
04700	Other Special Care Unit	00300	Average Per Diem	1,584.94	Per Diem
04800	Program Inpatient Ancillary Service Cost (Worksteet D-4 Column 03 Line 101)	00100	Inpatient Amount	10,697,472.	
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	19,971,928.	
05000	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 1 and 3).	00100	Inpatient Amount	806,768.	
05100	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 2 and 4).	00100	Inpatient Amount	760,495.	
05200	Total Program Excluded Cost (Sum of Lines 50 and 51)	00100	Inpatient Amount	1,567,263.	

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100269	PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470				

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

D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
05300	Total program inpatient operating cost excluding captial related, nonphysician anesthetist and medical education cost (line 4	00100	Inpatient Amount	18,404,665.	
08700	Total Observation Bed Days	00100	Inpatient Amount	7,400.	Days
08800	Adjusted General Inpatient Routine Cost Per Diem (Line 27 Divided by Line 02)	00100	Inpatient Amount	759.51	Per Diem
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	5,620,374.	
09000	Capital Related Cost	00100	Inpatient Amount	3,691,516.	
09000	Capital Related Cost	00200	Inpatient Days	39,608,291.	Days
09000	Capital Related Cost	00300	Average Per Diem	0.09	Per Diem
09000	Capital Related Cost	00400	Program Days	5,620,374.	Days
09000	Capital Related Cost	00500	Program Cost	523,824.	
09100	Nursing School Cost	00200	Inpatient Days	39,608,291.	Days
09100	Nursing School Cost	00400	Program Days	5,620,374.	Days
09200	Allied Health Cost	00200	Inpatient Days	39,608,291.	Days
09200	Allied Health Cost	00400	Program Days	5,620,374.	Days
09300	All Other Medical Education	00200	Inpatient Days	39,608,291.	Days
09300	All Other Medical Education	00400	Program Days	5,620,374.	Days
A19	Hospital Medicaid				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	52,150.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	52,150.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	44,750.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	2,318.	Days
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	6,637,299.	
08700	Total Observation Bed Days	00100	Inpatient Amount	7,400.	Days
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	5,620,374.	
D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
A18	Hospital Medicare				

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100269 PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	17,252,538.	
03100	Intensive Care Unit	00200	Inpatient Charges	9,707,229.	
05000	Operating Room	00100	Cost to Charge Ratio	0.092203	CC Ratio
05000	Operating Room	00200	Inpatient Charges	8,861,022.	
05000	Operating Room	00300	Inpatient Cost	817,013.	
05000	Operating Room	00100	Cost to Charge Ratio	0.067538	CC Ratio
05000	Operating Room	00200	Inpatient Charges	2,457,392.	05001
05000	Operating Room	00300	Inpatient Cost	165,967.	05001
05100	Recovery Room	00100	Cost to Charge Ratio	0.065732	CC Ratio
05100	Recovery Room	00200	Inpatient Charges	2,434,209.	
05100	Recovery Room	00300	Inpatient Cost	160,005.	
05200	Delivery Room and Labor Room	00100	Cost to Charge Ratio	0.246005	CC Ratio
05200	Delivery Room and Labor Room	00200	Inpatient Charges	41,405.	
05200	Delivery Room and Labor Room	00300	Inpatient Cost	10,186.	
05300	Anesthesiology	00100	Cost to Charge Ratio	0.011960	CC Ratio
05300	Anesthesiology	00200	Inpatient Charges	4,304,192.	
05300	Anesthesiology	00300	Inpatient Cost	51,478.	
05400	Radiology - Diagnostc	00100	Cost to Charge Ratio	0.052429	CC Ratio
05400	Radiology - Diagnostc	00200	Inpatient Charges	17,190,984.	
05400	Radiology - Diagnostc	00300	Inpatient Cost	901,306.	
05600	Radioisotope	00100	Cost to Charge Ratio	0.099016	CC Ratio
05600	Radioisotope	00200	Inpatient Charges	634,475.	
05600	Radioisotope	00300	Inpatient Cost	62,823.	
05700	Computer Tomography (CT) Scan	00100	Cost to Charge Ratio	0.006466	CC Ratio
05700	Computer Tomography (CT) Scan	00200	Inpatient Charges	28,166,412.	
05700	Computer Tomography (CT) Scan	00300	Inpatient Cost	182,124.	
05800	Magnetic Resonance Imaging (MRI)	00100	Cost to Charge Ratio	0.019048	CC Ratio
05800	Magnetic Resonance Imaging (MRI)	00200	Inpatient Charges	6,016,532.	
05800	Magnetic Resonance Imaging (MRI)	00300	Inpatient Cost	114,603.	
06000	Laboratory	00100	Cost to Charge Ratio	0.021152	CC Ratio
06000	Laboratory	00200	Inpatient Charges	40,287,433.	
06000	Laboratory	00300	Inpatient Cost	852,160.	
06200	Whole Blood and Packed Red Blood Cells	00100	Cost to Charge Ratio	0.608627	CC Ratio
06200	Whole Blood and Packed Red Blood Cells	00200	Inpatient Charges	255,766.	

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
06200	Whole Blood and Packed Red Blood Cells	00300	Inpatient Cost	155,666.	
06400	Intravenous Therapy	00100	Cost to Charge Ratio	0.018920	CC Ratio
06400	Intravenous Therapy	00200	Inpatient Charges	4,451,214.	
06400	Intravenous Therapy	00300	Inpatient Cost	84,217.	
06500	Respiratory Therapy	00100	Cost to Charge Ratio	0.055410	CC Ratio
06500	Respiratory Therapy	00200	Inpatient Charges	13,272,596.	
06500	Respiratory Therapy	00300	Inpatient Cost	735,435.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.126089	CC Ratio
06600	Physical Therapy	00200	Inpatient Charges	4,489,814.	
06600	Physical Therapy	00300	Inpatient Cost	566,116.	
07000	Electroencephalography	00100	Cost to Charge Ratio	0.020503	CC Ratio
07000	Electroencephalography	00200	Inpatient Charges	1,014,591.	
07000	Electroencephalography	00300	Inpatient Cost	20,802.	
07100	Medical Supplies Charged to Patients	00100	Cost to Charge Ratio	0.116190	CC Ratio
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	13,374,870.	
07100	Medical Supplies Charged to Patients	00300	Inpatient Cost	1,554,026.	
07200	Implantable Devices Charged to Patients	00100	Cost to Charge Ratio	0.549637	CC Ratio
07200	Implantable Devices Charged to Patients	00200	Inpatient Charges	1,528,031.	
07200	Implantable Devices Charged to Patients	00300	Inpatient Cost	839,862.	
07300	Drugs Charged to Patients	00100	Cost to Charge Ratio	0.117672	CC Ratio
07300	Drugs Charged to Patients	00200	Inpatient Charges	19,066,699.	
07300	Drugs Charged to Patients	00300	Inpatient Cost	2,243,617.	
07400	Renal Dialysis	00100	Cost to Charge Ratio	0.165388	CC Ratio
07400	Renal Dialysis	00200	Inpatient Charges	2,074,881.	
07400	Renal Dialysis	00300	Inpatient Cost	343,160.	
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.156605	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	3,349.	
07600	Other Ancillary Cost	00300	Inpatient Cost	524.	
09100	Emergency	00100	Cost to Charge Ratio	0.082958	CC Ratio
09100	Emergency	00200	Inpatient Charges	9,105,483.	
09100	Emergency	00300	Inpatient Cost	755,373.	
09200	Observation Beds	00100	Cost to Charge Ratio	0.384425	CC Ratio
09200	Observation Beds	00200	Inpatient Charges	210,729.	
09200	Observation Beds	00300	Inpatient Cost	81,009.	

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100269 PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470

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

D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	179,242,079.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	10,697,472.	
20200	Worksheet D3 Net Charges (Lines 200 minus 201)	00200	Inpatient Charges	179,242,079.	
A19	Hospital Medicaid				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	5,663,245.	
03100	Intensive Care Unit	00200	Inpatient Charges	2,042,638.	
03500	Other Special Care	00200	Inpatient Charges	3,019,507.	
04300	Nursery	00200	Inpatient Charges	442,843.	
05000	Operating Room	00200	Inpatient Charges	3,421,428.	
05000	Operating Room	00200	Inpatient Charges	647,290.	05001
05100	Recovery Room	00200	Inpatient Charges	898,948.	
05200	Delivery Room and Labor Room	00200	Inpatient Charges	2,108,772.	
05300	Anesthesiology	00200	Inpatient Charges	1,578,431.	
05400	Radiology - Diagnostc	00200	Inpatient Charges	3,723,980.	
05600	Radioisotope	00200	Inpatient Charges	132,938.	
05700	Computer Tomography (CT) Scan	00200	Inpatient Charges	6,772,175.	
05800	Magnetic Resonance Imaging (MRI)	00200	Inpatient Charges	2,177,067.	
06000	Laboratory	00200	Inpatient Charges	11,906,627.	
06200	Whole Blood and Packed Red Blood Cells	00200	Inpatient Charges	149,366.	
06400	Intravenous Therapy	00200	Inpatient Charges	1,760,851.	
06500	Respiratory Therapy	00200	Inpatient Charges	3,149,561.	
06600	Physical Therapy	00200	Inpatient Charges	788,480.	
07000	Electroencephalography	00200	Inpatient Charges	458,189.	
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	2,614,022.	
07200	Implantable Devices Charged to Patients	00200	Inpatient Charges	141,827.	
07300	Drugs Charged to Patients	00200	Inpatient Charges	7,039,934.	
07400	Renal Dialysis	00200	Inpatient Charges	169,608.	
09100	Emergency	00200	Inpatient Charges	2,544,700.	
09200	Observation Beds	00200	Inpatient Charges	110,936.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	52,295,130.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	3,400,867.	

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100275 WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414

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

D00	Wkst D Apportionment of Costs				
1	Part 1 - Apportionment of Inpatient Routine - Service Capital Costs				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00100	Capital Related Cost	7,351,931.	
03000	Adults and Pediatrics - General Routine Care	00300	Net Capital Related Cost	7,351,931.	
03000	Adults and Pediatrics - General Routine Care	00400	Total Patient Days	52,551.	Days
03000	Adults and Pediatrics - General Routine Care	00500	Per Diem	139.90	Per Diem
03000	Adults and Pediatrics - General Routine Care	00600	Inpatient Program Days	10,761.	Days
03000	Adults and Pediatrics - General Routine Care	00700	Inpatient Capital Cost	1,505,464.	
03100	Intensive Care Unit	00100	Capital Related Cost	938,343.	
03100	Intensive Care Unit	00300	Net Capital Related Cost	938,343.	
03100	Intensive Care Unit	00400	Total Patient Days	4,821.	Days
03100	Intensive Care Unit	00500	Per Diem	194.64	Per Diem
03100	Intensive Care Unit	00600	Inpatient Program Days	1,339.	Days
03100	Intensive Care Unit	00700	Inpatient Capital Cost	260,623.	
03100	Intensive Care Unit	00100	Capital Related Cost	823,651.	03101
03100	Intensive Care Unit	00300	Net Capital Related Cost	823,651.	03101
03100	Intensive Care Unit	00400	Total Patient Days	2,488.	Days
03100	Intensive Care Unit	00500	Per Diem	331.05	Per Diem
04300	Nursery	00100	Capital Related Cost	479,486.	
04300	Nursery	00300	Net Capital Related Cost	479,486.	
04300	Nursery	00400	Total Patient Days	5,581.	Days
04300	Nursery	00500	Per Diem	85.91	Per Diem
20000	Worksheet D Part 1 Total (Lines 30-199)	00100	Capital Related Cost	9,593,411.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00300	Net Capital Related Cost	9,593,411.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00400	Total Patient Days	65,441.	Days
20000	Worksheet D Part 1 Total (Lines 30-199)	00600	Inpatient Program Days	12,100.	Days
20000	Worksheet D Part 1 Total (Lines 30-199)	00700	Inpatient Capital Cost	1,766,087.	
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
A18	Hospital Medicare				
05000	Operating Room	00100	Capital Related Cost	2,196,676.	
05000	Operating Room	00200	Total Charges	184,701,155.	
05000	Operating Room	00300	Cost to Charge Ratio	0.011893	Ratio
05000	Operating Room	00400	Inpatient Charges	22,806,614.	
05000	Operating Room	00500	Capital Costs	271,239.	

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100275 WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05100	Recovery Room	00100	Capital Related Cost	1,340,354.	
05100	Recovery Room	00200	Total Charges	58,372,134.	
05100	Recovery Room	00300	Cost to Charge Ratio	0.022962	Ratio
05100	Recovery Room	00400	Inpatient Charges	2,887,907.	
05100	Recovery Room	00500	Capital Costs	66,312.	
05300	Anesthesiology	00100	Capital Related Cost	48,547.	
05300	Anesthesiology	00200	Total Charges	38,416,571.	
05300	Anesthesiology	00300	Cost to Charge Ratio	0.001264	Ratio
05300	Anesthesiology	00400	Inpatient Charges	4,047,620.	
05300	Anesthesiology	00500	Capital Costs	5,116.	
05400	Radiology - Diagnositc	00100	Capital Related Cost	482,903.	
05400	Radiology - Diagnositc	00200	Total Charges	31,150,629.	
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.015502	Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	3,166,221.	
05400	Radiology - Diagnositc	00500	Capital Costs	49,083.	
05500	Radiology - Therapeutic	00100	Capital Related Cost	103,487.	
05500	Radiology - Therapeutic	00200	Total Charges	24,773,832.	
05500	Radiology - Therapeutic	00300	Cost to Charge Ratio	0.004177	Ratio
05500	Radiology - Therapeutic	00400	Inpatient Charges	2,742,675.	
05500	Radiology - Therapeutic	00500	Capital Costs	11,456.	
05700	Computer Tomography (CT) Scan	00100	Capital Related Cost	145,298.	
05700	Computer Tomography (CT) Scan	00200	Total Charges	164,363,545.	
05700	Computer Tomography (CT) Scan	00300	Cost to Charge Ratio	0.000884	Ratio
05700	Computer Tomography (CT) Scan	00400	Inpatient Charges	15,520,810.	
05700	Computer Tomography (CT) Scan	00500	Capital Costs	13,720.	
05800	Magnetic Resonance Imaging (MRI)	00100	Capital Related Cost	93,477.	
05800	Magnetic Resonance Imaging (MRI)	00200	Total Charges	19,067,998.	
05800	Magnetic Resonance Imaging (MRI)	00300	Cost to Charge Ratio	0.004902	Ratio
05800	Magnetic Resonance Imaging (MRI)	00400	Inpatient Charges	2,969,916.	
05800	Magnetic Resonance Imaging (MRI)	00500	Capital Costs	14,559.	
05900	Cardiac Catheterization	00100	Capital Related Cost	139,301.	
05900	Cardiac Catheterization	00200	Total Charges	27,101,210.	
05900	Cardiac Catheterization	00300	Cost to Charge Ratio	0.005140	Ratio

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100275 WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05900	Cardiac Catheterization	00400	Inpatient Charges	4,670,212.	
05900	Cardiac Catheterization	00500	Capital Costs	24,005.	
06000	Laboratory	00100	Capital Related Cost	416,221.	
06000	Laboratory	00200	Total Charges	211,656,354.	
06000	Laboratory	00300	Cost to Charge Ratio	0.001966	Ratio
06000	Laboratory	00400	Inpatient Charges	35,772,244.	
06000	Laboratory	00500	Capital Costs	70,328.	
06200	Whole Blood and Packed Red Blood Cells	00100	Capital Related Cost	37,868.	
06200	Whole Blood and Packed Red Blood Cells	00200	Total Charges	12,043,001.	
06200	Whole Blood and Packed Red Blood Cells	00300	Cost to Charge Ratio	0.003144	Ratio
06200	Whole Blood and Packed Red Blood Cells	00400	Inpatient Charges	2,256,551.	
06200	Whole Blood and Packed Red Blood Cells	00500	Capital Costs	7,095.	
06500	Respiratory Therapy	00100	Capital Related Cost	228,324.	
06500	Respiratory Therapy	00200	Total Charges	58,572,869.	
06500	Respiratory Therapy	00300	Cost to Charge Ratio	0.003898	Ratio
06500	Respiratory Therapy	00400	Inpatient Charges	12,827,497.	
06500	Respiratory Therapy	00500	Capital Costs	50,002.	
06600	Physical Therapy	00100	Capital Related Cost	105,434.	
06600	Physical Therapy	00200	Total Charges	15,940,857.	
06600	Physical Therapy	00300	Cost to Charge Ratio	0.006614	Ratio
06600	Physical Therapy	00400	Inpatient Charges	3,293,228.	
06600	Physical Therapy	00500	Capital Costs	21,781.	
06800	Speech Pathology	00100	Capital Related Cost	6,362.	
06800	Speech Pathology	00200	Total Charges	2,222,324.	
06800	Speech Pathology	00300	Cost to Charge Ratio	0.002863	Ratio
06800	Speech Pathology	00400	Inpatient Charges	700,119.	
06800	Speech Pathology	00500	Capital Costs	2,004.	
06900	Electrocardiology	00100	Capital Related Cost	37,004.	
06900	Electrocardiology	00200	Total Charges	34,594,199.	
06900	Electrocardiology	00300	Cost to Charge Ratio	0.001070	Ratio
06900	Electrocardiology	00400	Inpatient Charges	6,784,496.	
06900	Electrocardiology	00500	Capital Costs	7,259.	
07000	Electroencephalography	00100	Capital Related Cost	702.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
07000	Electroencephalography	00200	Total Charges	453,304.	
07000	Electroencephalography	00300	Cost to Charge Ratio	0.001549	Ratio
07100	Medical Supplies Charged to Patients	00100	Capital Related Cost	373,842.	
07100	Medical Supplies Charged to Patients	00200	Total Charges	68,208,854.	
07100	Medical Supplies Charged to Patients	00300	Cost to Charge Ratio	0.005481	Ratio
07100	Medical Supplies Charged to Patients	00400	Inpatient Charges	16,376,220.	
07100	Medical Supplies Charged to Patients	00500	Capital Costs	89,758.	
07200	Implantable Devices Charged to Patients	00100	Capital Related Cost	172,550.	
07200	Implantable Devices Charged to Patients	00200	Total Charges	56,823,149.	
07200	Implantable Devices Charged to Patients	00300	Cost to Charge Ratio	0.003037	Ratio
07200	Implantable Devices Charged to Patients	00400	Inpatient Charges	11,287,561.	
07200	Implantable Devices Charged to Patients	00500	Capital Costs	34,280.	
07300	Drugs Charged to Patients	00100	Capital Related Cost	396,542.	
07300	Drugs Charged to Patients	00200	Total Charges	138,467,285.	
07300	Drugs Charged to Patients	00300	Cost to Charge Ratio	0.002864	Ratio
07300	Drugs Charged to Patients	00400	Inpatient Charges	24,976,995.	
07300	Drugs Charged to Patients	00500	Capital Costs	71,534.	
07400	Renal Dialysis	00100	Capital Related Cost	14,419.	
07400	Renal Dialysis	00200	Total Charges	8,192,429.	
07400	Renal Dialysis	00300	Cost to Charge Ratio	0.001760	Ratio
07400	Renal Dialysis	00400	Inpatient Charges	2,882,868.	
07400	Renal Dialysis	00500	Capital Costs	5,074.	
07500	ASC (Non-Distinct Part)	00100	Capital Related Cost	24,184.	07502
07500	ASC (Non-Distinct Part)	00200	Total Charges	19,056,598.	07502
07500	ASC (Non-Distinct Part)	00300	Cost to Charge Ratio	0.001269	Ratio
07500	ASC (Non-Distinct Part)	00400	Inpatient Charges	19,230.	07502
07500	ASC (Non-Distinct Part)	00500	Capital Costs	24.	07502
07600	Other Ancillary Cost	00100	Capital Related Cost	4,011.	07698
07600	Other Ancillary Cost	00200	Total Charges	5,405,386.	07698
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.000742	Ratio
07600	Other Ancillary Cost	00100	Capital Related Cost	3,016.	07699
07600	Other Ancillary Cost	00200	Total Charges	1,803,850.	07699
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.001672	Ratio

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
09100	Emergency	00100	Capital Related Cost	1,557,517.	
09100	Emergency	00200	Total Charges	146,154,707.	
09100	Emergency	00300	Cost to Charge Ratio	0.010657	Ratio
09100	Emergency	00400	Inpatient Charges	7,613,421.	
09100	Emergency	00500	Capital Costs	81,136.	
09200	Observation Beds	00100	Capital Related Cost	851,019.	
09200	Observation Beds	00200	Total Charges	23,446,535.	
09200	Observation Beds	00300	Cost to Charge Ratio	0.036296	Ratio
09200	Observation Beds	00400	Inpatient Charges	2,383,288.	
09200	Observation Beds	00500	Capital Costs	86,504.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00100	Capital Related Cost	8,779,058.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00200	Total Charges	1,350,988,775.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00400	Inpatient Charges	185,985,693.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00500	Capital Costs	982,269.	
3	Part 3 - Apportionment of Inpatient Routine Service - Other Pass Through Cost				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00600	Total Patient Days	52,551.	Days
03000	Adults and Pediatrics - General Routine Care	00800	Program Inpatient Days	10,761.	Days
03100	Intensive Care Unit	00600	Total Patient Days	4,821.	Days
03100	Intensive Care Unit	00800	Program Inpatient Days	1,339.	Days
03100	Intensive Care Unit	00600	Total Patient Days	2,488.	Days
04300	Nursery	00600	Total Patient Days	5,581.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00600	Total Patient Days	65,441.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00800	Program Inpatient Days	12,100.	Days
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
A18	Hospital Medicare				
05000	Operating Room	00700	Total Charges	184,701,155.	
05000	Operating Room	01000	Inpatient Charges	22,806,614.	
05000	Operating Room	01200	Outpatient Charges	15,667,456.	
05100	Recovery Room	00700	Total Charges	58,372,134.	
05100	Recovery Room	01000	Inpatient Charges	2,887,907.	
05100	Recovery Room	01200	Outpatient Charges	4,225,181.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
05300	Anesthesiology	00700	Total Charges	38,416,571.	
05300	Anesthesiology	01000	Inpatient Charges	4,047,620.	
05300	Anesthesiology	01200	Outpatient Charges	2,842,216.	
05400	Radiology - Diagnositc	00700	Total Charges	31,150,629.	
05400	Radiology - Diagnositc	01000	Inpatient Charges	3,166,221.	
05400	Radiology - Diagnositc	01200	Outpatient Charges	2,715,173.	
05500	Radiology - Therapeutic	00700	Total Charges	24,773,832.	
05500	Radiology - Therapeutic	01000	Inpatient Charges	2,742,675.	
05500	Radiology - Therapeutic	01200	Outpatient Charges	1,536,266.	
05700	Computer Tomography (CT) Scan	00700	Total Charges	164,363,545.	
05700	Computer Tomography (CT) Scan	01000	Inpatient Charges	15,520,810.	
05700	Computer Tomography (CT) Scan	01200	Outpatient Charges	13,944,273.	
05800	Magnetic Resonance Imaging (MRI)	00700	Total Charges	19,067,998.	
05800	Magnetic Resonance Imaging (MRI)	01000	Inpatient Charges	2,969,916.	
05800	Magnetic Resonance Imaging (MRI)	01200	Outpatient Charges	1,515,343.	
05900	Cardiac Catheterization	00700	Total Charges	27,101,210.	
05900	Cardiac Catheterization	01000	Inpatient Charges	4,670,212.	
05900	Cardiac Catheterization	01200	Outpatient Charges	1,409,620.	
06000	Laboratory	00700	Total Charges	211,656,354.	
06000	Laboratory	01000	Inpatient Charges	35,772,244.	
06000	Laboratory	01200	Outpatient Charges	10,234,384.	
06200	Whole Blood and Packed Red Blood Cells	00700	Total Charges	12,043,001.	
06200	Whole Blood and Packed Red Blood Cells	01000	Inpatient Charges	2,256,551.	
06200	Whole Blood and Packed Red Blood Cells	01200	Outpatient Charges	1,314,704.	
06500	Respiratory Therapy	00700	Total Charges	58,572,869.	
06500	Respiratory Therapy	01000	Inpatient Charges	12,827,497.	
06500	Respiratory Therapy	01200	Outpatient Charges	948,975.	
06600	Physical Therapy	00700	Total Charges	15,940,857.	
06600	Physical Therapy	01000	Inpatient Charges	3,293,228.	
06600	Physical Therapy	01200	Outpatient Charges	110,990.	
06800	Speech Pathology	00700	Total Charges	2,222,324.	
06800	Speech Pathology	01000	Inpatient Charges	700,119.	
06800	Speech Pathology	01200	Outpatient Charges	30,238.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
06900	Electrocardiology	00700	Total Charges	34,594,199.	
06900	Electrocardiology	01000	Inpatient Charges	6,784,496.	
06900	Electrocardiology	01200	Outpatient Charges	2,046,968.	
07000	Electroencephalography	00700	Total Charges	453,304.	
07100	Medical Supplies Charged to Patients	00700	Total Charges	68,208,854.	
07100	Medical Supplies Charged to Patients	01000	Inpatient Charges	16,376,220.	
07100	Medical Supplies Charged to Patients	01200	Outpatient Charges	2,039,506.	
07200	Implantable Devices Charged to Patients	00700	Total Charges	56,823,149.	
07200	Implantable Devices Charged to Patients	01000	Inpatient Charges	11,287,561.	
07200	Implantable Devices Charged to Patients	01200	Outpatient Charges	3,466,027.	
07300	Drugs Charged to Patients	00700	Total Charges	138,467,285.	
07300	Drugs Charged to Patients	01000	Inpatient Charges	24,976,995.	
07300	Drugs Charged to Patients	01200	Outpatient Charges	4,773,132.	
07400	Renal Dialysis	00700	Total Charges	8,192,429.	
07400	Renal Dialysis	01000	Inpatient Charges	2,882,868.	
07400	Renal Dialysis	01200	Outpatient Charges	129,466.	
07500	ASC (Non-Distinct Part)	00700	Total Charges	19,056,598.	07502
07500	ASC (Non-Distinct Part)	01000	Inpatient Charges	19,230.	07502
07500	ASC (Non-Distinct Part)	01200	Outpatient Charges	5,210,909.	07502
07600	Other Ancillary Cost	00700	Total Charges	5,405,386.	07698
07600	Other Ancillary Cost	01200	Outpatient Charges	1,236,690.	07698
07600	Other Ancillary Cost	00700	Total Charges	1,803,850.	07699
07600	Other Ancillary Cost	01200	Outpatient Charges	645,395.	07699
09100	Emergency	00700	Total Charges	146,154,707.	
09100	Emergency	01000	Inpatient Charges	7,613,421.	
09100	Emergency	01200	Outpatient Charges	10,995,808.	
09200	Observation Beds	00700	Total Charges	23,446,535.	
09200	Observation Beds	01000	Inpatient Charges	2,383,288.	
09200	Observation Beds	01200	Outpatient Charges	2,790,817.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00700	Total Charges	1,350,988,775.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01000	Inpatient Charges	185,985,693.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01200	Outpatient Charges	89,829,537.	

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
A18	Hospital Medicare				
05000	Operating Room	00100	CC Ratio Wkst C Part 1	0.142138	CC Ratio
05000	Operating Room	00200	PPS Reimbrused Services	15,667,456.	Charges
05000	Operating Room	00500	PPS Reimbrused Services	2,226,941.	Cost
05100	Recovery Room	00100	CC Ratio Wkst C Part 1	0.185574	CC Ratio
05100	Recovery Room	00200	PPS Reimbrused Services	4,225,181.	Charges
05100	Recovery Room	00500	PPS Reimbrused Services	784,084.	Cost
05300	Anesthesiology	00100	CC Ratio Wkst C Part 1	0.012162	CC Ratio
05300	Anesthesiology	00200	PPS Reimbrused Services	2,842,216.	Charges
05300	Anesthesiology	00500	PPS Reimbrused Services	34,567.	Cost
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.137802	CC Ratio
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	2,715,173.	Charges
05400	Radiology - Diagnositc	00500	PPS Reimbrused Services	374,156.	Cost
05500	Radiology - Therapeutic	00100	CC Ratio Wkst C Part 1	0.049536	CC Ratio
05500	Radiology - Therapeutic	00200	PPS Reimbrused Services	1,536,266.	Charges
05500	Radiology - Therapeutic	00500	PPS Reimbrused Services	76,100.	Cost
05700	Computer Tomography (CT) Scan	00100	CC Ratio Wkst C Part 1	0.008554	CC Ratio
05700	Computer Tomography (CT) Scan	00200	PPS Reimbrused Services	13,944,273.	Charges
05700	Computer Tomography (CT) Scan	00500	PPS Reimbrused Services	119,279.	Cost
05800	Magnetic Resonance Imaging (MRI)	00100	CC Ratio Wkst C Part 1	0.023373	CC Ratio
05800	Magnetic Resonance Imaging (MRI)	00200	PPS Reimbrused Services	1,515,343.	Charges
05800	Magnetic Resonance Imaging (MRI)	00500	PPS Reimbrused Services	35,418.	Cost
05900	Cardiac Catheterization	00100	CC Ratio Wkst C Part 1	0.093638	CC Ratio

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
05900	Cardiac Catheterization	00200	PPS Reimbrused Services	1,409,620.	Charges
05900	Cardiac Catheterization	00500	PPS Reimbrused Services	131,994.	Cost
06000	Laboratory	00100	CC Ratio Wkst C Part 1	0.034170	CC Ratio
06000	Laboratory	00200	PPS Reimbrused Services	10,234,384.	Charges
06000	Laboratory	00500	PPS Reimbrused Services	349,709.	Cost
06200	Whole Blood and Packed Red Blood Cells	00100	CC Ratio Wkst C Part 1	0.132019	CC Ratio
06200	Whole Blood and Packed Red Blood Cells	00200	PPS Reimbrused Services	1,314,704.	Charges
06200	Whole Blood and Packed Red Blood Cells	00500	PPS Reimbrused Services	173,566.	Cost
06500	Respiratory Therapy	00100	CC Ratio Wkst C Part 1	0.071351	CC Ratio
06500	Respiratory Therapy	00200	PPS Reimbrused Services	948,975.	Charges
06500	Respiratory Therapy	00500	PPS Reimbrused Services	67,710.	Cost
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.149332	CC Ratio
06600	Physical Therapy	00200	PPS Reimbrused Services	110,990.	Charges
06600	Physical Therapy	00500	PPS Reimbrused Services	16,574.	Cost
06800	Speech Pathology	00100	CC Ratio Wkst C Part 1	0.200257	CC Ratio
06800	Speech Pathology	00200	PPS Reimbrused Services	30,238.	Charges
06800	Speech Pathology	00500	PPS Reimbrused Services	6,055.	Cost
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.015019	CC Ratio
06900	Electrocardiology	00200	PPS Reimbrused Services	2,046,968.	Charges
06900	Electrocardiology	00500	PPS Reimbrused Services	30,743.	Cost
07000	Electroencephalography	00100	CC Ratio Wkst C Part 1	0.106555	CC Ratio
07100	Medical Supplies Charged to Patients	00100	CC Ratio Wkst C Part 1	0.090748	CC Ratio

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
07100	Medical Supplies Charged to Patients	00200	PPS Reimbrused Services	2,039,506.	Charges
07100	Medical Supplies Charged to Patients	00500	PPS Reimbrused Services	185,081.	Cost
07200	Implantable Devices Charged to Patients	00100	CC Ratio Wkst C Part 1	0.221885	CC Ratio
07200	Implantable Devices Charged to Patients	00200	PPS Reimbrused Services	3,466,027.	Charges
07200	Implantable Devices Charged to Patients	00500	PPS Reimbrused Services	769,059.	Cost
07300	Drugs Charged to Patients	00100	CC Ratio Wkst C Part 1	0.079617	CC Ratio
07300	Drugs Charged to Patients	00200	PPS Reimbrused Services	4,773,132.	Charges
07300	Drugs Charged to Patients	00400	Cost Reimb Svcs - No Co-I	38,800.	Charges
07300	Drugs Charged to Patients	00500	PPS Reimbrused Services	380,022.	Cost
07300	Drugs Charged to Patients	00700	Cost Reimb Svcs - No Co-I	3,089.	Cost
07400	Renal Dialysis	00100	CC Ratio Wkst C Part 1	0.127034	CC Ratio
07400	Renal Dialysis	00200	PPS Reimbrused Services	129,466.	Charges
07400	Renal Dialysis	00500	PPS Reimbrused Services	16,447.	Cost
07500	ASC (Non-Distinct Part)	00100	CC Ratio Wkst C Part 1	0.073361	CC Ratio
07500	ASC (Non-Distinct Part)	00200	PPS Reimbrused Services	5,210,909.	Charges
07500	ASC (Non-Distinct Part)	00500	PPS Reimbrused Services	382,277.	Cost
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.049720	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	1,236,690.	Charges
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	61,488.	Cost
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.120523	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	645,395.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	77,785.	Cost
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.081545	CC Ratio
09100	Emergency	00200	PPS Reimbrused Services	10,995,808.	Charges
09100	Emergency	00500	PPS Reimbrused Services	896,653.	Cost
09200	Observation Beds	00100	CC Ratio Wkst C Part 1	0.217752	CC Ratio
09200	Observation Beds	00200	PPS Reimbrused Services	2,790,817.	Charges
09200	Observation Beds	00500	PPS Reimbrused Services	607,706.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00200	PPS Reimbrused Services	89,829,537.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00400	Cost Reimb Svcs - No Co-I	38,800.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00500	PPS Reimbrused Services	7,803,414.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00700	Cost Reimb Svcs - No Co-I	3,089.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00200	PPS Reimbrused Services	89,829,537.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00400	Cost Reimb Svcs - No Co-I	38,800.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00500	PPS Reimbrused Services	7,803,414.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00700	Cost Reimb Svcs - No Co-I	3,089.	Cost
A19	Hospital Medicaid				
05000	Operating Room	00300	Cost Reimb Svcs - Co-Ins	527,518.	Charges
05100	Recovery Room	00300	Cost Reimb Svcs - Co-Ins	199,647.	Charges
05300	Anesthesiology	00300	Cost Reimb Svcs - Co-Ins	118,865.	Charges
05400	Radiology - Diagnositc	00300	Cost Reimb Svcs - Co-Ins	315,349.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
05500	Radiology - Therapeutic	00300	Cost Reimb Svcs - Co-Ins	549,690.	Charges
05700	Computer Tomography (CT) Scan	00300	Cost Reimb Svcs - Co-Ins	2,985,258.	Charges
05800	Magnetic Resonance Imaging (MRI)	00300	Cost Reimb Svcs - Co-Ins	96,605.	Charges
06000	Laboratory	00300	Cost Reimb Svcs - Co-Ins	2,841,690.	Charges
06200	Whole Blood and Packed Red Blood Cells	00300	Cost Reimb Svcs - Co-Ins	97,065.	Charges
06500	Respiratory Therapy	00300	Cost Reimb Svcs - Co-Ins	184,761.	Charges
06600	Physical Therapy	00300	Cost Reimb Svcs - Co-Ins	25,206.	Charges
06800	Speech Pathology	00300	Cost Reimb Svcs - Co-Ins	2,849.	Charges
06900	Electrocardiology	00300	Cost Reimb Svcs - Co-Ins	295,230.	Charges
07100	Medical Supplies Charged to Patients	00300	Cost Reimb Svcs - Co-Ins	121,073.	Charges
07200	Implantable Devices Charged to Patients	00300	Cost Reimb Svcs - Co-Ins	37,740.	Charges
07300	Drugs Charged to Patients	00300	Cost Reimb Svcs - Co-Ins	554,848.	Charges
07400	Renal Dialysis	00300	Cost Reimb Svcs - Co-Ins	1,601,290.	Charges
07500	ASC (Non-Distinct Part)	00300	Cost Reimb Svcs - Co-Ins	160,966.	Charges
07600	Other Ancillary Cost	00300	Cost Reimb Svcs - Co-Ins	26,911.	Charges
09100	Emergency	00300	Cost Reimb Svcs - Co-Ins	4,931,872.	Charges
09200	Observation Beds	00300	Cost Reimb Svcs - Co-Ins	986,281.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00300	Cost Reimb Svcs - Co-Ins	16,660,714.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00600	Cost Reimb Svcs - Co-Ins	1,251,750.	Cost

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
A18	Hospital Medicare				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	52,551.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	52,551.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	46,468.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	10,761.	Days
02100	Total General Inpatient Routine Service Cost	00100	Inpatient Amount	44,106,341.	
02700	General Inpatient Routine Service Cost Net of Swing-Bed Cost (Line 21 Minus Line 26).	00100	Inpatient Amount	44,106,341.	
03700	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	44,106,341.	
03800	Adjusted General Inpatient Routine Service Cost Per Diem	00100	Inpatient Amount	839.31	Per Diem
03900	Program General Inpatient Routine Service Cost (Line 9 Times Line 38)	00100	Inpatient Amount	9,031,815.	
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	9,031,815.	
04300	Intensive Care Unit	00100	Inpatient Amount	7,954,988.	
04300	Intensive Care Unit	00200	Inpatient Days	4,821.	Days
04300	Intensive Care Unit	00300	Average Per Diem	1,650.07	Per Diem
04300	Intensive Care Unit	00400	Program Days	1,339.	Days
04300	Intensive Care Unit	00500	Program Cost	2,209,444.	
04300	Intensive Care Unit	00100	Inpatient Amount	5,585,723.	04301
04300	Intensive Care Unit	00200	Inpatient Days	2,488.	Days
04300	Intensive Care Unit	00300	Average Per Diem	2,245.07	Per Diem
04800	Program Inpatient Ancillary Service Cost (Worksteet D-4 Column 03 Line 101)	00100	Inpatient Amount	15,738,882.	
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	26,980,141.	
05000	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 1 and 3).	00100	Inpatient Amount	1,766,087.	

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100275	WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL			33414	

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

D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
05100	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 2 and 4).	00100	Inpatient Amount	982,269.	
05200	Total Program Excluded Cost (Sum of Lines 50 and 51)	00100	Inpatient Amount	2,748,356.	
05300	Total program inpatient operating cost excluding captial related, nonphysician anesthetist and medical education cost (line 4	00100	Inpatient Amount	24,231,785.	
08700	Total Observation Bed Days	00100	Inpatient Amount	6,083.	Days
08800	Adjusted General Inpatient Routine Cost Per Diem (Line 27 Divided by Line 02)	00100	Inpatient Amount	839.31	Per Diem
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	5,105,523.	
09000	Capital Related Cost	00100	Inpatient Amount	7,351,931.	
09000	Capital Related Cost	00200	Inpatient Days	44,106,341.	Days
09000	Capital Related Cost	00300	Average Per Diem	0.17	Per Diem
09000	Capital Related Cost	00400	Program Days	5,105,523.	Days
09000	Capital Related Cost	00500	Program Cost	851,019.	
09100	Nursing School Cost	00200	Inpatient Days	44,106,341.	Days
09100	Nursing School Cost	00400	Program Days	5,105,523.	Days
09200	Allied Health Cost	00200	Inpatient Days	44,106,341.	Days
09200	Allied Health Cost	00400	Program Days	5,105,523.	Days
09300	All Other Medical Education	00200	Inpatient Days	44,106,341.	Days
09300	All Other Medical Education	00400	Program Days	5,105,523.	Days
A19	Hospital Medicaid				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	52,551.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	52,551.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	46,468.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	4,906.	Days
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	7,277,991.	
08700	Total Observation Bed Days	00100	Inpatient Amount	6,083.	Days

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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

D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	5,179,370.	
D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	40,201,260.	
03100	Intensive Care Unit	00200	Inpatient Charges	7,965,993.	
05000	Operating Room	00100	Cost to Charge Ratio	0.144011	CC Ratio
05000	Operating Room	00200	Inpatient Charges	22,806,614.	
05000	Operating Room	00300	Inpatient Cost	3,284,403.	
05100	Recovery Room	00100	Cost to Charge Ratio	0.185574	CC Ratio
05100	Recovery Room	00200	Inpatient Charges	2,887,907.	
05100	Recovery Room	00300	Inpatient Cost	535,920.	
05300	Anesthesiology	00100	Cost to Charge Ratio	0.012162	CC Ratio
05300	Anesthesiology	00200	Inpatient Charges	4,047,620.	
05300	Anesthesiology	00300	Inpatient Cost	49,227.	
05400	Radiology - Diagnostc	00100	Cost to Charge Ratio	0.137802	CC Ratio
05400	Radiology - Diagnostc	00200	Inpatient Charges	3,166,221.	
05400	Radiology - Diagnostc	00300	Inpatient Cost	436,312.	
05500	Radiology - Therapeutic	00100	Cost to Charge Ratio	0.049536	CC Ratio
05500	Radiology - Therapeutic	00200	Inpatient Charges	2,742,675.	
05500	Radiology - Therapeutic	00300	Inpatient Cost	135,861.	
05700	Computer Tomography (CT) Scan	00100	Cost to Charge Ratio	0.008554	CC Ratio
05700	Computer Tomography (CT) Scan	00200	Inpatient Charges	15,520,810.	
05700	Computer Tomography (CT) Scan	00300	Inpatient Cost	132,765.	
05800	Magnetic Resonance Imaging (MRI)	00100	Cost to Charge Ratio	0.023373	CC Ratio
05800	Magnetic Resonance Imaging (MRI)	00200	Inpatient Charges	2,969,916.	
05800	Magnetic Resonance Imaging (MRI)	00300	Inpatient Cost	69,416.	
05900	Cardiac Catheterization	00100	Cost to Charge Ratio	0.093982	CC Ratio
05900	Cardiac Catheterization	00200	Inpatient Charges	4,670,212.	
05900	Cardiac Catheterization	00300	Inpatient Cost	438,916.	
06000	Laboratory	00100	Cost to Charge Ratio	0.034170	CC Ratio
06000	Laboratory	00200	Inpatient Charges	35,772,244.	
06000	Laboratory	00300	Inpatient Cost	1,222,338.	

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100275 WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
06200	Whole Blood and Packed Red Blood Cells	00100	Cost to Charge Ratio	0.132019	CC Ratio
06200	Whole Blood and Packed Red Blood Cells	00200	Inpatient Charges	2,256,551.	
06200	Whole Blood and Packed Red Blood Cells	00300	Inpatient Cost	297,908.	
06500	Respiratory Therapy	00100	Cost to Charge Ratio	0.071351	CC Ratio
06500	Respiratory Therapy	00200	Inpatient Charges	12,827,497.	
06500	Respiratory Therapy	00300	Inpatient Cost	915,255.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.149332	CC Ratio
06600	Physical Therapy	00200	Inpatient Charges	3,293,228.	
06600	Physical Therapy	00300	Inpatient Cost	491,784.	
06800	Speech Pathology	00100	Cost to Charge Ratio	0.200257	CC Ratio
06800	Speech Pathology	00200	Inpatient Charges	700,119.	
06800	Speech Pathology	00300	Inpatient Cost	140,204.	
06900	Electrocardiology	00100	Cost to Charge Ratio	0.015019	CC Ratio
06900	Electrocardiology	00200	Inpatient Charges	6,784,496.	
06900	Electrocardiology	00300	Inpatient Cost	101,896.	
07000	Electroencephalography	00100	Cost to Charge Ratio	0.106555	CC Ratio
07100	Medical Supplies Charged to Patients	00100	Cost to Charge Ratio	0.090748	CC Ratio
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	16,376,220.	
07100	Medical Supplies Charged to Patients	00300	Inpatient Cost	1,486,109.	
07200	Implantable Devices Charged to Patients	00100	Cost to Charge Ratio	0.221885	CC Ratio
07200	Implantable Devices Charged to Patients	00200	Inpatient Charges	11,287,561.	
07200	Implantable Devices Charged to Patients	00300	Inpatient Cost	2,504,540.	
07300	Drugs Charged to Patients	00100	Cost to Charge Ratio	0.079617	CC Ratio
07300	Drugs Charged to Patients	00200	Inpatient Charges	24,976,995.	
07300	Drugs Charged to Patients	00300	Inpatient Cost	1,988,593.	
07400	Renal Dialysis	00100	Cost to Charge Ratio	0.127034	CC Ratio
07400	Renal Dialysis	00200	Inpatient Charges	2,882,868.	
07400	Renal Dialysis	00300	Inpatient Cost	366,222.	
07500	ASC (Non-Distinct Part)	00100	Cost to Charge Ratio	0.073361	CC Ratio
07500	ASC (Non-Distinct Part)	00200	Inpatient Charges	19,230.	07502
07500	ASC (Non-Distinct Part)	00300	Inpatient Cost	1,411.	07502
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.049720	CC Ratio
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.120523	CC Ratio
09100	Emergency	00100	Cost to Charge Ratio	0.081545	CC Ratio

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100275 WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
09100	Emergency	00200	Inpatient Charges	7,613,421.	
09100	Emergency	00300	Inpatient Cost	620,836.	
09200	Observation Beds	00100	Cost to Charge Ratio	0.217752	CC Ratio
09200	Observation Beds	00200	Inpatient Charges	2,383,288.	
09200	Observation Beds	00300	Inpatient Cost	518,966.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	185,985,693.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	15,738,882.	
20200	Worksheet D3 Net Charges (Lines 200 minus 201)	00200	Inpatient Charges	185,985,693.	
A19	Hospital Medicaid				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	6,467,966.	
03100	Intensive Care Unit	00200	Inpatient Charges	887,799.	
03100	Intensive Care Unit	00200	Inpatient Charges	2,032,602.	03101
04300	Nursery	00200	Inpatient Charges	1,856,435.	
05000	Operating Room	00200	Inpatient Charges	1,588,182.	
05100	Recovery Room	00200	Inpatient Charges	482,417.	
05300	Anesthesiology	00200	Inpatient Charges	254,750.	
05400	Radiology - Diagnostc	00200	Inpatient Charges	424,613.	
05500	Radiology - Therapeutic	00200	Inpatient Charges	324,848.	
05700	Computer Tomography (CT) Scan	00200	Inpatient Charges	1,096,182.	
05800	Magnetic Resonance Imaging (MRI)	00200	Inpatient Charges	386,409.	
05900	Cardiac Catheterization	00200	Inpatient Charges	74,040.	
06000	Laboratory	00200	Inpatient Charges	4,173,136.	
06200	Whole Blood and Packed Red Blood Cells	00200	Inpatient Charges	297,737.	
06500	Respiratory Therapy	00200	Inpatient Charges	4,911,929.	
06600	Physical Therapy	00200	Inpatient Charges	284,788.	
06800	Speech Pathology	00200	Inpatient Charges	61,609.	
06900	Electrocardiology	00200	Inpatient Charges	570,003.	
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	1,703,205.	
07200	Implantable Devices Charged to Patients	00200	Inpatient Charges	60,171.	
07300	Drugs Charged to Patients	00200	Inpatient Charges	4,112,064.	
07400	Renal Dialysis	00200	Inpatient Charges	248,711.	
07500	ASC (Non-Distinct Part)	00200	Inpatient Charges	778.	07502
09100	Emergency	00200	Inpatient Charges	876,499.	

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100275 WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
09200	Observation Beds	00200	Inpatient Charges	151,126.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	22,083,197.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	1,650,958.	

100287 GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401

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D00	Wkst D Apportionment of Costs				
1	Part 1 - Apportionment of Inpatient Routine - Service Capital Costs				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00100	Capital Related Cost	5,264,450.	
03000	Adults and Pediatrics - General Routine Care	00300	Net Capital Related Cost	5,264,450.	
03000	Adults and Pediatrics - General Routine Care	00400	Total Patient Days	50,986.	Days
03000	Adults and Pediatrics - General Routine Care	00500	Per Diem	103.25	Per Diem
03000	Adults and Pediatrics - General Routine Care	00600	Inpatient Program Days	14,336.	Days
03000	Adults and Pediatrics - General Routine Care	00700	Inpatient Capital Cost	1,480,192.	
03100	Intensive Care Unit	00100	Capital Related Cost	369,783.	
03100	Intensive Care Unit	00300	Net Capital Related Cost	369,783.	
03100	Intensive Care Unit	00400	Total Patient Days	2,220.	Days
03100	Intensive Care Unit	00500	Per Diem	166.57	Per Diem
03100	Intensive Care Unit	00600	Inpatient Program Days	760.	Days
03100	Intensive Care Unit	00700	Inpatient Capital Cost	126,593.	
03500	Other Special Care	00100	Capital Related Cost	81,770.	
03500	Other Special Care	00300	Net Capital Related Cost	81,770.	
03500	Other Special Care	00400	Total Patient Days	350.	Days
03500	Other Special Care	00500	Per Diem	233.63	Per Diem
04300	Nursery	00100	Capital Related Cost	18,326.	
04300	Nursery	00300	Net Capital Related Cost	18,326.	
04300	Nursery	00400	Total Patient Days	1,252.	Days
04300	Nursery	00500	Per Diem	14.64	Per Diem
20000	Worksheet D Part 1 Total (Lines 30-199)	00100	Capital Related Cost	5,734,329.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00300	Net Capital Related Cost	5,734,329.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00400	Total Patient Days	54,808.	Days
20000	Worksheet D Part 1 Total (Lines 30-199)	00600	Inpatient Program Days	15,096.	Days
20000	Worksheet D Part 1 Total (Lines 30-199)	00700	Inpatient Capital Cost	1,606,785.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
A18	Hospital Medicare				
05000	Operating Room	00100	Capital Related Cost	1,018,927.	
05000	Operating Room	00200	Total Charges	178,972,599.	
05000	Operating Room	00300	Cost to Charge Ratio	0.005693	Ratio
05000	Operating Room	00400	Inpatient Charges	22,510,677.	
05000	Operating Room	00500	Capital Costs	128,153.	
05200	Delivery Room and Labor Room	00100	Capital Related Cost	168,393.	
05200	Delivery Room and Labor Room	00200	Total Charges	15,822,042.	
05200	Delivery Room and Labor Room	00300	Cost to Charge Ratio	0.010643	Ratio
05200	Delivery Room and Labor Room	00400	Inpatient Charges	32,369.	
05200	Delivery Room and Labor Room	00500	Capital Costs	345.	
05300	Anesthesiology	00100	Capital Related Cost	3,034.	
05300	Anesthesiology	00200	Total Charges	31,280,269.	
05300	Anesthesiology	00300	Cost to Charge Ratio	0.000097	Ratio
05300	Anesthesiology	00400	Inpatient Charges	3,868,569.	
05300	Anesthesiology	00500	Capital Costs	375.	
05400	Radiology - Diagnositc	00100	Capital Related Cost	828,019.	
05400	Radiology - Diagnositc	00200	Total Charges	193,391,833.	
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.004282	Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	28,635,157.	
05400	Radiology - Diagnositc	00500	Capital Costs	122,616.	
05400	Radiology - Diagnositc	00100	Capital Related Cost	18,342.	05401
05400	Radiology - Diagnositc	00200	Total Charges	19,327,562.	05401
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.000949	Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	2,961,393.	05401
05400	Radiology - Diagnositc	00500	Capital Costs	2,810.	05401
05400	Radiology - Diagnositc	00100	Capital Related Cost	51,990.	05402
05400	Radiology - Diagnositc	00200	Total Charges	6,915,279.	05402
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.007518	Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	958,955.	05402
05400	Radiology - Diagnositc	00500	Capital Costs	7,209.	05402
05600	Radioisotope	00100	Capital Related Cost	120,505.	
05600	Radioisotope	00200	Total Charges	14,051,100.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05600	Radioisotope	00300	Cost to Charge Ratio	0.008576	Ratio
05600	Radioisotope	00400	Inpatient Charges	1,335,842.	
05600	Radioisotope	00500	Capital Costs	11,456.	
06000	Laboratory	00100	Capital Related Cost	371,992.	
06000	Laboratory	00200	Total Charges	213,232,429.	
06000	Laboratory	00300	Cost to Charge Ratio	0.001745	Ratio
06000	Laboratory	00400	Inpatient Charges	42,413,753.	
06000	Laboratory	00500	Capital Costs	74,012.	
06500	Respiratory Therapy	00100	Capital Related Cost	86,551.	
06500	Respiratory Therapy	00200	Total Charges	25,501,288.	
06500	Respiratory Therapy	00300	Cost to Charge Ratio	0.003394	Ratio
06500	Respiratory Therapy	00400	Inpatient Charges	7,645,507.	
06500	Respiratory Therapy	00500	Capital Costs	25,949.	
06600	Physical Therapy	00100	Capital Related Cost	76,461.	
06600	Physical Therapy	00200	Total Charges	10,574,225.	
06600	Physical Therapy	00300	Cost to Charge Ratio	0.007231	Ratio
06600	Physical Therapy	00400	Inpatient Charges	3,039,093.	
06600	Physical Therapy	00500	Capital Costs	21,976.	
06700	Occupational Therapy	00100	Capital Related Cost	29,781.	
06700	Occupational Therapy	00200	Total Charges	2,056,428.	
06700	Occupational Therapy	00300	Cost to Charge Ratio	0.014482	Ratio
06700	Occupational Therapy	00400	Inpatient Charges	658,939.	
06700	Occupational Therapy	00500	Capital Costs	9,543.	
06800	Speech Pathology	00100	Capital Related Cost	8,404.	
06800	Speech Pathology	00200	Total Charges	1,609,116.	
06800	Speech Pathology	00300	Cost to Charge Ratio	0.005223	Ratio
06800	Speech Pathology	00400	Inpatient Charges	512,425.	
06800	Speech Pathology	00500	Capital Costs	2,676.	
06900	Electrocardiology	00100	Capital Related Cost	567,245.	
06900	Electrocardiology	00200	Total Charges	38,795,083.	
06900	Electrocardiology	00300	Cost to Charge Ratio	0.014622	Ratio
06900	Electrocardiology	00400	Inpatient Charges	9,051,503.	
06900	Electrocardiology	00500	Capital Costs	132,351.	

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100287 GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
06900	Electrocardiology	00100	Capital Related Cost	151,912.	06902
06900	Electrocardiology	00200	Total Charges	36,175,381.	06902
06900	Electrocardiology	00300	Cost to Charge Ratio	0.004199	Ratio
06900	Electrocardiology	00400	Inpatient Charges	8,165,360.	06902
06900	Electrocardiology	00500	Capital Costs	34,286.	06902
07000	Electroencephalography	00100	Capital Related Cost	72,142.	
07000	Electroencephalography	00200	Total Charges	759,078.	
07000	Electroencephalography	00300	Cost to Charge Ratio	0.095039	Ratio
07000	Electroencephalography	00400	Inpatient Charges	174,327.	
07000	Electroencephalography	00500	Capital Costs	16,568.	
07100	Medical Supplies Charged to Patients	00100	Capital Related Cost	277,568.	
07100	Medical Supplies Charged to Patients	00200	Total Charges	144,935,148.	
07100	Medical Supplies Charged to Patients	00300	Cost to Charge Ratio	0.001915	Ratio
07100	Medical Supplies Charged to Patients	00400	Inpatient Charges	21,277,722.	
07100	Medical Supplies Charged to Patients	00500	Capital Costs	40,747.	
07200	Implantable Devices Charged to Patients	00100	Capital Related Cost	231,671.	
07200	Implantable Devices Charged to Patients	00200	Total Charges	85,129,518.	
07200	Implantable Devices Charged to Patients	00300	Cost to Charge Ratio	0.002721	Ratio
07200	Implantable Devices Charged to Patients	00400	Inpatient Charges	17,504,081.	
07200	Implantable Devices Charged to Patients	00500	Capital Costs	47,629.	
07300	Drugs Charged to Patients	00100	Capital Related Cost	293,368.	
07300	Drugs Charged to Patients	00200	Total Charges	298,885,879.	
07300	Drugs Charged to Patients	00300	Cost to Charge Ratio	0.000982	Ratio
07300	Drugs Charged to Patients	00400	Inpatient Charges	72,041,591.	
07300	Drugs Charged to Patients	00500	Capital Costs	70,745.	
07400	Renal Dialysis	00100	Capital Related Cost	11,951.	
07400	Renal Dialysis	00200	Total Charges	3,760,522.	
07400	Renal Dialysis	00300	Cost to Charge Ratio	0.003178	Ratio
07400	Renal Dialysis	00400	Inpatient Charges	1,362,912.	
07400	Renal Dialysis	00500	Capital Costs	4,331.	
07600	Other Ancillary Cost	00100	Capital Related Cost	188,931.	07601
07600	Other Ancillary Cost	00200	Total Charges	11,490,965.	07601
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.016442	Ratio

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100287	GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL			33401	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
05200	Delivery Room and Labor Room	01000	Inpatient Charges	32,369.	
05200	Delivery Room and Labor Room	01200	Outpatient Charges	38,848.	
05300	Anesthesiology	00700	Total Charges	31,280,269.	
05300	Anesthesiology	01000	Inpatient Charges	3,868,569.	
05300	Anesthesiology	01200	Outpatient Charges	3,911,043.	
05400	Radiology - Diagnostc	00700	Total Charges	193,391,833.	
05400	Radiology - Diagnostc	01000	Inpatient Charges	28,635,157.	
05400	Radiology - Diagnostc	01200	Outpatient Charges	23,730,760.	
05400	Radiology - Diagnostc	00700	Total Charges	19,327,562.	05401
05400	Radiology - Diagnostc	01000	Inpatient Charges	2,961,393.	05401
05400	Radiology - Diagnostc	01200	Outpatient Charges	1,182,630.	05401
05400	Radiology - Diagnostc	00700	Total Charges	6,915,279.	05402
05400	Radiology - Diagnostc	01000	Inpatient Charges	958,955.	05402
05400	Radiology - Diagnostc	01200	Outpatient Charges	984,027.	05402
05600	Radioisotope	00700	Total Charges	14,051,100.	
05600	Radioisotope	01000	Inpatient Charges	1,335,842.	
05600	Radioisotope	01200	Outpatient Charges	3,325,238.	
06000	Laboratory	00700	Total Charges	213,232,429.	
06000	Laboratory	01000	Inpatient Charges	42,413,753.	
06000	Laboratory	01200	Outpatient Charges	15,210,768.	
06500	Respiratory Therapy	00700	Total Charges	25,501,288.	
06500	Respiratory Therapy	01000	Inpatient Charges	7,645,507.	
06500	Respiratory Therapy	01200	Outpatient Charges	406,317.	
06600	Physical Therapy	00700	Total Charges	10,574,225.	
06600	Physical Therapy	01000	Inpatient Charges	3,039,093.	
06700	Occupational Therapy	00700	Total Charges	2,056,428.	
06700	Occupational Therapy	01000	Inpatient Charges	658,939.	
06800	Speech Pathology	00700	Total Charges	1,609,116.	
06800	Speech Pathology	01000	Inpatient Charges	512,425.	
06900	Electrocardiology	00700	Total Charges	38,795,083.	
06900	Electrocardiology	01000	Inpatient Charges	9,051,503.	
06900	Electrocardiology	01200	Outpatient Charges	4,167,582.	
06900	Electrocardiology	00700	Total Charges	36,175,381.	06902

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
06900	Electrocardiology	01000	Inpatient Charges	8,165,360.	06902
06900	Electrocardiology	01200	Outpatient Charges	5,621,303.	06902
07000	Electroencephalography	00700	Total Charges	759,078.	
07000	Electroencephalography	01000	Inpatient Charges	174,327.	
07000	Electroencephalography	01200	Outpatient Charges	22,176.	
07100	Medical Supplies Charged to Patients	00700	Total Charges	144,935,148.	
07100	Medical Supplies Charged to Patients	01000	Inpatient Charges	21,277,722.	
07100	Medical Supplies Charged to Patients	01200	Outpatient Charges	16,900,676.	
07200	Implantable Devices Charged to Patients	00700	Total Charges	85,129,518.	
07200	Implantable Devices Charged to Patients	01000	Inpatient Charges	17,504,081.	
07200	Implantable Devices Charged to Patients	01200	Outpatient Charges	17,114,300.	
07300	Drugs Charged to Patients	00700	Total Charges	298,885,879.	
07300	Drugs Charged to Patients	01000	Inpatient Charges	72,041,591.	
07300	Drugs Charged to Patients	01200	Outpatient Charges	12,184,089.	
07400	Renal Dialysis	00700	Total Charges	3,760,522.	
07400	Renal Dialysis	01000	Inpatient Charges	1,362,912.	
07600	Other Ancillary Cost	00700	Total Charges	11,490,965.	07601
07600	Other Ancillary Cost	01000	Inpatient Charges	15,212.	07601
07600	Other Ancillary Cost	01200	Outpatient Charges	119,683.	07601
07600	Other Ancillary Cost	00700	Total Charges	1,719,910.	07625
07600	Other Ancillary Cost	01200	Outpatient Charges	386,023.	07625
09000	Clinic	00700	Total Charges	6,054,093.	09001
09000	Clinic	01000	Inpatient Charges	573,554.	09001
09000	Clinic	01200	Outpatient Charges	1,921,738.	09001
09000	Clinic	00700	Total Charges	54,990,307.	09003
09000	Clinic	01000	Inpatient Charges	10,679.	09003
09000	Clinic	01200	Outpatient Charges	9,165,450.	09003
09000	Clinic	00700	Total Charges	43,269,768.	09005
09000	Clinic	01000	Inpatient Charges	2,548,656.	09005
09000	Clinic	01200	Outpatient Charges	13,536,088.	09005
09000	Clinic	00700	Total Charges	44,519,402.	09006
09000	Clinic	01000	Inpatient Charges	10,654.	09006
09000	Clinic	01200	Outpatient Charges	4,296,479.	09006

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
05400	Radiology - Diagnositc	00500	PPS Reimbrused Services	879,818.	Cost
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.037810	CC Ratio
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	1,182,630.	Charges
05400	Radiology - Diagnositc	00500	PPS Reimbrused Services	44,715.	Cost
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.050293	CC Ratio
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	984,027.	Charges
05400	Radiology - Diagnositc	00500	PPS Reimbrused Services	49,490.	Cost
05600	Radioisotope	00100	CC Ratio Wkst C Part 1	0.103384	CC Ratio
05600	Radioisotope	00200	PPS Reimbrused Services	3,325,238.	Charges
05600	Radioisotope	00500	PPS Reimbrused Services	343,776.	Cost
06000	Laboratory	00100	CC Ratio Wkst C Part 1	0.043045	CC Ratio
06000	Laboratory	00200	PPS Reimbrused Services	15,210,768.	Charges
06000	Laboratory	00500	PPS Reimbrused Services	654,748.	Cost
06500	Respiratory Therapy	00100	CC Ratio Wkst C Part 1	0.099488	CC Ratio
06500	Respiratory Therapy	00200	PPS Reimbrused Services	406,317.	Charges
06500	Respiratory Therapy	00500	PPS Reimbrused Services	40,424.	Cost
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.153018	CC Ratio
06700	Occupational Therapy	00100	CC Ratio Wkst C Part 1	0.189919	CC Ratio
06800	Speech Pathology	00100	CC Ratio Wkst C Part 1	0.215481	CC Ratio
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.052695	CC Ratio
06900	Electrocardiology	00200	PPS Reimbrused Services	4,167,582.	Charges
06900	Electrocardiology	00500	PPS Reimbrused Services	219,611.	Cost
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.097512	CC Ratio

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
06900	Electrocardiology	00200	PPS Reimbrused Services	5,621,303.	Charges
06900	Electrocardiology	00500	PPS Reimbrused Services	548,144.	Cost
07000	Electroencephalography	00100	CC Ratio Wkst C Part 1	0.463378	CC Ratio
07000	Electroencephalography	00200	PPS Reimbrused Services	22,176.	Charges
07000	Electroencephalography	00500	PPS Reimbrused Services	10,276.	Cost
07100	Medical Supplies Charged to Patients	00100	CC Ratio Wkst C Part 1	0.107283	CC Ratio
07100	Medical Supplies Charged to Patients	00200	PPS Reimbrused Services	16,900,676.	Charges
07100	Medical Supplies Charged to Patients	00500	PPS Reimbrused Services	1,813,155.	Cost
07200	Implantable Devices Charged to Patients	00100	CC Ratio Wkst C Part 1	0.152855	CC Ratio
07200	Implantable Devices Charged to Patients	00200	PPS Reimbrused Services	17,114,300.	Charges
07200	Implantable Devices Charged to Patients	00500	PPS Reimbrused Services	2,616,006.	Cost
07300	Drugs Charged to Patients	00100	CC Ratio Wkst C Part 1	0.050606	CC Ratio
07300	Drugs Charged to Patients	00200	PPS Reimbrused Services	12,184,089.	Charges
07300	Drugs Charged to Patients	00400	Cost Reimb Svcs - No Co-I	395,657.	Charges
07300	Drugs Charged to Patients	00500	PPS Reimbrused Services	616,588.	Cost
07300	Drugs Charged to Patients	00700	Cost Reimb Svcs - No Co-I	20,023.	Cost
07400	Renal Dialysis	00100	CC Ratio Wkst C Part 1	0.293288	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.166941	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	119,683.	Charges
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	19,980.	Cost
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.249001	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	386,023.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	96,120.	Cost
09000	Clinic	00100	CC Ratio Wkst C Part 1	0.099033	CC Ratio
09000	Clinic	00200	PPS Reimbrused Services	1,921,738.	Charges
09000	Clinic	00500	PPS Reimbrused Services	190,315.	Cost
09000	Clinic	00100	CC Ratio Wkst C Part 1	0.056417	CC Ratio
09000	Clinic	00200	PPS Reimbrused Services	9,165,450.	Charges
09000	Clinic	00500	PPS Reimbrused Services	517,087.	Cost
09000	Clinic	00100	CC Ratio Wkst C Part 1	0.049646	CC Ratio
09000	Clinic	00200	PPS Reimbrused Services	13,536,088.	Charges
09000	Clinic	00500	PPS Reimbrused Services	672,013.	Cost
09000	Clinic	00100	CC Ratio Wkst C Part 1	0.069089	CC Ratio
09000	Clinic	00200	PPS Reimbrused Services	4,296,479.	Charges
09000	Clinic	00500	PPS Reimbrused Services	296,839.	Cost
09000	Clinic	00100	CC Ratio Wkst C Part 1	0.057472	CC Ratio
09000	Clinic	00200	PPS Reimbrused Services	8,691,195.	Charges
09000	Clinic	00500	PPS Reimbrused Services	499,500.	Cost
09000	Clinic	00100	CC Ratio Wkst C Part 1	0.039536	CC Ratio
09000	Clinic	00200	PPS Reimbrused Services	12,915,543.	Charges
09000	Clinic	00500	PPS Reimbrused Services	510,629.	Cost
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.045885	CC Ratio
09100	Emergency	00200	PPS Reimbrused Services	15,355,760.	Charges
09100	Emergency	00500	PPS Reimbrused Services	704,599.	Cost

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
09200	Observation Beds	00100	CC Ratio Wkst C Part 1	0.195040	CC Ratio
09200	Observation Beds	00200	PPS Reimbrused Services	5,966,999.	Charges
09200	Observation Beds	00500	PPS Reimbrused Services	1,163,803.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00200	PPS Reimbrused Services	200,582,962.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00400	Cost Reimb Svcs - No Co-I	395,657.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00500	PPS Reimbrused Services	14,289,551.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00700	Cost Reimb Svcs - No Co-I	20,023.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00200	PPS Reimbrused Services	200,582,962.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00400	Cost Reimb Svcs - No Co-I	395,657.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00500	PPS Reimbrused Services	14,289,551.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00700	Cost Reimb Svcs - No Co-I	20,023.	Cost
A19	Hospital Medicaid				
05000	Operating Room	00300	Cost Reimb Svcs - Co-Ins	877,295.	Charges
05200	Delivery Room and Labor Room	00300	Cost Reimb Svcs - Co-Ins	76,699.	Charges
05300	Anesthesiology	00300	Cost Reimb Svcs - Co-Ins	149,749.	Charges
05400	Radiology - Diagnositc	00300	Cost Reimb Svcs - Co-Ins	3,419,356.	Charges
05400	Radiology - Diagnositc	00300	Cost Reimb Svcs - Co-Ins	721,579.	Charges
05400	Radiology - Diagnositc	00300	Cost Reimb Svcs - Co-Ins	18,493.	Charges
05600	Radioisotope	00300	Cost Reimb Svcs - Co-Ins	100,597.	Charges
06000	Laboratory	00300	Cost Reimb Svcs - Co-Ins	3,495,388.	Charges

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
09200	Observation Beds	00300	Cost Reimb Svcs - Co-Ins	972,518.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00300	Cost Reimb Svcs - Co-Ins	21,766,687.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00600	Cost Reimb Svcs - Co-Ins	1,376,521.	Cost
D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
A18	Hospital Medicare				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	50,986.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	50,986.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	42,751.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	14,336.	Days
02100	Total General Inpatient Routine Service Cost	00100	Inpatient Amount	44,060,495.	
02700	General Inpatient Routine Service Cost Net of Swing-Bed Cost (Line 21 Minus Line 26).	00100	Inpatient Amount	44,060,495.	
03700	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	44,060,495.	
03800	Adjusted General Inpatient Routine Service Cost Per Diem	00100	Inpatient Amount	864.17	Per Diem
03900	Program General Inpatient Routine Service Cost (Line 9 Times Line 38)	00100	Inpatient Amount	12,388,741.	
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	12,388,741.	
04300	Intensive Care Unit	00100	Inpatient Amount	4,918,017.	
04300	Intensive Care Unit	00200	Inpatient Days	2,220.	Days
04300	Intensive Care Unit	00300	Average Per Diem	2,215.32	Per Diem
04300	Intensive Care Unit	00400	Program Days	760.	Days
04300	Intensive Care Unit	00500	Program Cost	1,683,643.	
04700	Other Special Care Unit	00100	Inpatient Amount	1,429,411.	

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
04700	Other Special Care Unit	00200	Inpatient Days	350.	Days
04700	Other Special Care Unit	00300	Average Per Diem	4,084.03	Per Diem
04800	Program Inpatient Ancillary Service Cost (Worksteet D-4 Column 03 Line 101)	00100	Inpatient Amount	18,138,393.	
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	32,210,777.	
05000	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 1 and 3).	00100	Inpatient Amount	1,606,785.	
05100	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 2 and 4).	00100	Inpatient Amount	899,959.	
05200	Total Program Excluded Cost (Sum of Lines 50 and 51)	00100	Inpatient Amount	2,506,744.	
05300	Total program inpatient operating cost excluding captial related, nonphysician anesthetist and medical education cost (line 4	00100	Inpatient Amount	29,704,033.	
08700	Total Observation Bed Days	00100	Inpatient Amount	8,235.	Days
08800	Adjusted General Inpatient Routine Cost Per Diem (Line 27 Divided by Line 02)	00100	Inpatient Amount	864.17	Per Diem
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	7,116,440.	
09000	Capital Related Cost	00100	Inpatient Amount	5,264,450.	
09000	Capital Related Cost	00200	Inpatient Days	44,060,495.	Days
09000	Capital Related Cost	00300	Average Per Diem	0.12	Per Diem
09000	Capital Related Cost	00400	Program Days	7,116,440.	Days
09000	Capital Related Cost	00500	Program Cost	850,286.	
09100	Nursing School Cost	00200	Inpatient Days	44,060,495.	Days
09100	Nursing School Cost	00400	Program Days	7,116,440.	Days
09200	Allied Health Cost	00200	Inpatient Days	44,060,495.	Days
09200	Allied Health Cost	00400	Program Days	7,116,440.	Days
09300	All Other Medical Education	00200	Inpatient Days	44,060,495.	Days
09300	All Other Medical Education	00400	Program Days	7,116,440.	Days
A19	Hospital Medicaid				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	50,986.	Days

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
05600	Radioisotope	00200	Inpatient Charges	1,335,842.	
05600	Radioisotope	00300	Inpatient Cost	138,105.	
06000	Laboratory	00100	Cost to Charge Ratio	0.043045	CC Ratio
06000	Laboratory	00200	Inpatient Charges	42,413,753.	
06000	Laboratory	00300	Inpatient Cost	1,825,700.	
06500	Respiratory Therapy	00100	Cost to Charge Ratio	0.099488	CC Ratio
06500	Respiratory Therapy	00200	Inpatient Charges	7,645,507.	
06500	Respiratory Therapy	00300	Inpatient Cost	760,636.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.153018	CC Ratio
06600	Physical Therapy	00200	Inpatient Charges	3,039,093.	
06600	Physical Therapy	00300	Inpatient Cost	465,036.	
06700	Occupational Therapy	00100	Cost to Charge Ratio	0.189919	CC Ratio
06700	Occupational Therapy	00200	Inpatient Charges	658,939.	
06700	Occupational Therapy	00300	Inpatient Cost	125,145.	
06800	Speech Pathology	00100	Cost to Charge Ratio	0.215481	CC Ratio
06800	Speech Pathology	00200	Inpatient Charges	512,425.	
06800	Speech Pathology	00300	Inpatient Cost	110,418.	
06900	Electrocardiology	00100	Cost to Charge Ratio	0.052695	CC Ratio
06900	Electrocardiology	00200	Inpatient Charges	9,051,503.	
06900	Electrocardiology	00300	Inpatient Cost	476,969.	
06900	Electrocardiology	00100	Cost to Charge Ratio	0.097512	CC Ratio
06900	Electrocardiology	00200	Inpatient Charges	8,165,360.	06902
06900	Electrocardiology	00300	Inpatient Cost	796,221.	06902
07000	Electroencephalography	00100	Cost to Charge Ratio	0.467512	CC Ratio
07000	Electroencephalography	00200	Inpatient Charges	174,327.	
07000	Electroencephalography	00300	Inpatient Cost	81,500.	
07100	Medical Supplies Charged to Patients	00100	Cost to Charge Ratio	0.107283	CC Ratio
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	21,277,722.	
07100	Medical Supplies Charged to Patients	00300	Inpatient Cost	2,282,738.	
07200	Implantable Devices Charged to Patients	00100	Cost to Charge Ratio	0.152855	CC Ratio
07200	Implantable Devices Charged to Patients	00200	Inpatient Charges	17,504,081.	
07200	Implantable Devices Charged to Patients	00300	Inpatient Cost	2,675,586.	
07300	Drugs Charged to Patients	00100	Cost to Charge Ratio	0.050606	CC Ratio
07300	Drugs Charged to Patients	00200	Inpatient Charges	72,041,591.	

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
07300	Drugs Charged to Patients	00300	Inpatient Cost	3,645,737.	
07400	Renal Dialysis	00100	Cost to Charge Ratio	0.293288	CC Ratio
07400	Renal Dialysis	00200	Inpatient Charges	1,362,912.	
07400	Renal Dialysis	00300	Inpatient Cost	399,726.	
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.168528	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	15,212.	07601
07600	Other Ancillary Cost	00300	Inpatient Cost	2,564.	07601
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.249001	CC Ratio
09000	Clinic	00100	Cost to Charge Ratio	0.099033	CC Ratio
09000	Clinic	00200	Inpatient Charges	573,554.	09001
09000	Clinic	00300	Inpatient Cost	56,801.	09001
09000	Clinic	00100	Cost to Charge Ratio	0.056417	CC Ratio
09000	Clinic	00200	Inpatient Charges	10,679.	09003
09000	Clinic	00300	Inpatient Cost	602.	09003
09000	Clinic	00100	Cost to Charge Ratio	0.049646	CC Ratio
09000	Clinic	00200	Inpatient Charges	2,548,656.	09005
09000	Clinic	00300	Inpatient Cost	126,531.	09005
09000	Clinic	00100	Cost to Charge Ratio	0.069089	CC Ratio
09000	Clinic	00200	Inpatient Charges	10,654.	09006
09000	Clinic	00300	Inpatient Cost	736.	09006
09000	Clinic	00100	Cost to Charge Ratio	0.057472	CC Ratio
09000	Clinic	00200	Inpatient Charges	7,857.	09007
09000	Clinic	00300	Inpatient Cost	452.	09007
09000	Clinic	00100	Cost to Charge Ratio	0.039536	CC Ratio
09000	Clinic	00200	Inpatient Charges	2,480.	09008
09000	Clinic	00300	Inpatient Cost	98.	09008
09100	Emergency	00100	Cost to Charge Ratio	0.045887	CC Ratio
09100	Emergency	00200	Inpatient Charges	14,491,646.	
09100	Emergency	00300	Inpatient Cost	664,978.	
09200	Observation Beds	00100	Cost to Charge Ratio	0.195040	CC Ratio
09200	Observation Beds	00200	Inpatient Charges	2,895,627.	
09200	Observation Beds	00300	Inpatient Cost	564,763.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	264,706,540.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	18,138,393.	

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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

D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
20200	Worksheet D3 Net Charges (Lines 200 minus 201)	00200	Inpatient Charges	264,706,540.	
A19	Hospital Medicaid				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	9,978,091.	
03100	Intensive Care Unit	00200	Inpatient Charges	517,867.	
03500	Other Special Care	00200	Inpatient Charges	107,650.	
04300	Nursery	00200	Inpatient Charges	257,735.	
05000	Operating Room	00200	Inpatient Charges	2,127,066.	
05200	Delivery Room and Labor Room	00200	Inpatient Charges	329,985.	
05300	Anesthesiology	00200	Inpatient Charges	419,025.	
05400	Radiology - Diagnostc	00200	Inpatient Charges	3,740,507.	
05400	Radiology - Diagnostc	00200	Inpatient Charges	532,239.	05401
05400	Radiology - Diagnostc	00200	Inpatient Charges	185,468.	05402
05600	Radioisotope	00200	Inpatient Charges	188,997.	
06000	Laboratory	00200	Inpatient Charges	6,139,760.	
06500	Respiratory Therapy	00200	Inpatient Charges	1,271,687.	
06600	Physical Therapy	00200	Inpatient Charges	277,341.	
06700	Occupational Therapy	00200	Inpatient Charges	57,538.	
06800	Speech Pathology	00200	Inpatient Charges	50,577.	
06900	Electrocardiology	00200	Inpatient Charges	813,448.	
06900	Electrocardiology	00200	Inpatient Charges	406,211.	06902
07000	Electroencephalography	00200	Inpatient Charges	55,971.	
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	2,237,231.	
07200	Implantable Devices Charged to Patients	00200	Inpatient Charges	406,439.	
07300	Drugs Charged to Patients	00200	Inpatient Charges	14,588,936.	
07400	Renal Dialysis	00200	Inpatient Charges	166,497.	
07600	Other Ancillary Cost	00200	Inpatient Charges	6,545.	07601
09000	Clinic	00200	Inpatient Charges	474,512.	09001
09000	Clinic	00200	Inpatient Charges	485,698.	09005
09100	Emergency	00200	Inpatient Charges	1,784,856.	
09200	Observation Beds	00200	Inpatient Charges	356,996.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	37,103,530.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	2,281,445.	

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

D00	Wkst D Apportionment of Costs				
1	Part 1 - Apportionment of Inpatient Routine - Service Capital Costs				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00100	Capital Related Cost	4,095,118.	
03000	Adults and Pediatrics - General Routine Care	00300	Net Capital Related Cost	4,095,118.	
03000	Adults and Pediatrics - General Routine Care	00400	Total Patient Days	65,525.	Days
03000	Adults and Pediatrics - General Routine Care	00500	Per Diem	62.50	Per Diem
03000	Adults and Pediatrics - General Routine Care	00600	Inpatient Program Days	6,700.	Days
03000	Adults and Pediatrics - General Routine Care	00700	Inpatient Capital Cost	418,750.	
03100	Intensive Care Unit	00100	Capital Related Cost	531,802.	
03100	Intensive Care Unit	00300	Net Capital Related Cost	531,802.	
03100	Intensive Care Unit	00400	Total Patient Days	6,902.	Days
03100	Intensive Care Unit	00500	Per Diem	77.05	Per Diem
03100	Intensive Care Unit	00600	Inpatient Program Days	1,397.	Days
03100	Intensive Care Unit	00700	Inpatient Capital Cost	107,639.	
03500	Other Special Care	00100	Capital Related Cost	405,870.	
03500	Other Special Care	00300	Net Capital Related Cost	405,870.	
03500	Other Special Care	00400	Total Patient Days	15,036.	Days
03500	Other Special Care	00500	Per Diem	26.99	Per Diem
04000	Subprovider - IPF	00100	Capital Related Cost	948,823.	
04000	Subprovider - IPF	00300	Net Capital Related Cost	948,823.	
04000	Subprovider - IPF	00400	Total Patient Days	8,417.	Days
04000	Subprovider - IPF	00500	Per Diem	112.73	Per Diem
04000	Subprovider - IPF	00600	Inpatient Program Days	1,488.	Days
04000	Subprovider - IPF	00700	Inpatient Capital Cost	167,742.	
04100	Subprovider - IRF	00100	Capital Related Cost	1,117,090.	
04100	Subprovider - IRF	00300	Net Capital Related Cost	1,117,090.	
04100	Subprovider - IRF	00400	Total Patient Days	8,146.	Days
04100	Subprovider - IRF	00500	Per Diem	137.13	Per Diem
04100	Subprovider - IRF	00600	Inpatient Program Days	2,104.	Days
04100	Subprovider - IRF	00700	Inpatient Capital Cost	288,522.	
04300	Nursery	00100	Capital Related Cost	46,267.	
04300	Nursery	00300	Net Capital Related Cost	46,267.	
04300	Nursery	00400	Total Patient Days	6,751.	Days
04300	Nursery	00500	Per Diem	6.85	Per Diem

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

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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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05400	Radiology - Diagnositc	00200	Total Charges	24,379,901.	05401
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.001870	Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	1,469,665.	05401
05400	Radiology - Diagnositc	00500	Capital Costs	2,748.	05401
05400	Radiology - Diagnositc	00100	Capital Related Cost	149,045.	05402
05400	Radiology - Diagnositc	00200	Total Charges	3,170,165.	05402
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.047015	Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	246,272.	05402
05400	Radiology - Diagnositc	00500	Capital Costs	11,578.	05402
05600	Radioisotope	00100	Capital Related Cost	72,412.	
05600	Radioisotope	00200	Total Charges	2,684,941.	
05600	Radioisotope	00300	Cost to Charge Ratio	0.026970	Ratio
05600	Radioisotope	00400	Inpatient Charges	229,679.	
05600	Radioisotope	00500	Capital Costs	6,194.	
06000	Laboratory	00100	Capital Related Cost	657,767.	
06000	Laboratory	00200	Total Charges	262,397,543.	
06000	Laboratory	00300	Cost to Charge Ratio	0.002507	Ratio
06000	Laboratory	00400	Inpatient Charges	22,787,278.	
06000	Laboratory	00500	Capital Costs	57,128.	
06500	Respiratory Therapy	00100	Capital Related Cost	130,597.	
06500	Respiratory Therapy	00200	Total Charges	73,022,738.	
06500	Respiratory Therapy	00300	Cost to Charge Ratio	0.001788	Ratio
06500	Respiratory Therapy	00400	Inpatient Charges	5,991,743.	
06500	Respiratory Therapy	00500	Capital Costs	10,713.	
06600	Physical Therapy	00100	Capital Related Cost	475,781.	
06600	Physical Therapy	00200	Total Charges	52,986,985.	
06600	Physical Therapy	00300	Cost to Charge Ratio	0.008979	Ratio
06600	Physical Therapy	00400	Inpatient Charges	3,643,371.	
06600	Physical Therapy	00500	Capital Costs	32,714.	
06600	Physical Therapy	00100	Capital Related Cost	5,085.	06602
06600	Physical Therapy	00200	Total Charges	408,700.	06602
06600	Physical Therapy	00300	Cost to Charge Ratio	0.012442	Ratio
06600	Physical Therapy	00400	Inpatient Charges	-2,654.	06602

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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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
06600	Physical Therapy	00500	Capital Costs	-33.	06602
06900	Electrocardiology	00100	Capital Related Cost	2,411.	
06900	Electrocardiology	00200	Total Charges	7,768,649.	
06900	Electrocardiology	00300	Cost to Charge Ratio	0.000310	Ratio
06900	Electrocardiology	00400	Inpatient Charges	628,891.	
06900	Electrocardiology	00500	Capital Costs	195.	
06900	Electrocardiology	00100	Capital Related Cost	91,900.	06902
06900	Electrocardiology	00200	Total Charges	20,567,728.	06902
06900	Electrocardiology	00300	Cost to Charge Ratio	0.004468	Ratio
06900	Electrocardiology	00400	Inpatient Charges	3,673,421.	06902
06900	Electrocardiology	00500	Capital Costs	16,413.	06902
07000	Electroencephalography	00100	Capital Related Cost	46,890.	
07000	Electroencephalography	00200	Total Charges	7,630,162.	
07000	Electroencephalography	00300	Cost to Charge Ratio	0.006145	Ratio
07000	Electroencephalography	00400	Inpatient Charges	966,129.	
07000	Electroencephalography	00500	Capital Costs	5,937.	
07100	Medical Supplies Charged to Patients	00100	Capital Related Cost	225,696.	
07100	Medical Supplies Charged to Patients	00200	Total Charges	96,299,393.	
07100	Medical Supplies Charged to Patients	00300	Cost to Charge Ratio	0.002344	Ratio
07100	Medical Supplies Charged to Patients	00400	Inpatient Charges	7,766,994.	
07100	Medical Supplies Charged to Patients	00500	Capital Costs	18,206.	
07200	Implantable Devices Charged to Patients	00100	Capital Related Cost	297,553.	
07200	Implantable Devices Charged to Patients	00200	Total Charges	128,143,415.	
07200	Implantable Devices Charged to Patients	00300	Cost to Charge Ratio	0.002322	Ratio
07200	Implantable Devices Charged to Patients	00400	Inpatient Charges	13,318,402.	
07200	Implantable Devices Charged to Patients	00500	Capital Costs	30,925.	
07300	Drugs Charged to Patients	00100	Capital Related Cost	400,667.	
07300	Drugs Charged to Patients	00200	Total Charges	252,846,155.	
07300	Drugs Charged to Patients	00300	Cost to Charge Ratio	0.001585	Ratio
07300	Drugs Charged to Patients	00400	Inpatient Charges	24,585,586.	
07300	Drugs Charged to Patients	00500	Capital Costs	38,968.	
07400	Renal Dialysis	00100	Capital Related Cost	196,096.	
07400	Renal Dialysis	00200	Total Charges	17,511,106.	

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100288 ST MARYS MEDICAL CENTER WEST PALM BEACH, FL 33407

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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
07400	Renal Dialysis	00300	Cost to Charge Ratio	0.011198	Ratio
07400	Renal Dialysis	00400	Inpatient Charges	691,990.	
07400	Renal Dialysis	00500	Capital Costs	7,749.	
07600	Other Ancillary Cost	00100	Capital Related Cost	32,148.	07606
07600	Other Ancillary Cost	00200	Total Charges	8,684.	07606
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	3.701981	Ratio
07600	Other Ancillary Cost	00100	Capital Related Cost	19,609.	07607
07600	Other Ancillary Cost	00200	Total Charges	207,271.	07607
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.094606	Ratio
07600	Other Ancillary Cost	00100	Capital Related Cost	4,009.	07608
07600	Other Ancillary Cost	00200	Total Charges	2,556,284.	07608
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.001568	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	495,885.	07608
07600	Other Ancillary Cost	00500	Capital Costs	778.	07608
07600	Other Ancillary Cost	00100	Capital Related Cost	19,038.	07698
07600	Other Ancillary Cost	00200	Total Charges	5,121,749.	07698
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.003717	Ratio
07600	Other Ancillary Cost	00400	Inpatient Charges	316,061.	07698
07600	Other Ancillary Cost	00500	Capital Costs	1,175.	07698
09000	Clinic	00100	Capital Related Cost	28,943.	
09000	Clinic	00100	Capital Related Cost	141,466.	09001
09000	Clinic	00200	Total Charges	7,211,535.	09001
09000	Clinic	00300	Cost to Charge Ratio	0.019617	Ratio
09000	Clinic	00400	Inpatient Charges	1,400.	09001
09000	Clinic	00500	Capital Costs	27.	09001
09000	Clinic	00100	Capital Related Cost	507,990.	09003
09000	Clinic	00200	Total Charges	57,657,669.	09003
09000	Clinic	00300	Cost to Charge Ratio	0.008810	Ratio
09000	Clinic	00400	Inpatient Charges	6,037,907.	09003
09000	Clinic	00500	Capital Costs	53,194.	09003
09000	Clinic	00100	Capital Related Cost	22,778.	09004
09000	Clinic	00200	Total Charges	106,103.	09004
09000	Clinic	00300	Cost to Charge Ratio	0.214678	Ratio

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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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
09000	Clinic	00400	Inpatient Charges	536.	09004
09000	Clinic	00500	Capital Costs	115.	09004
09000	Clinic	00100	Capital Related Cost	467,955.	09005
09000	Clinic	00200	Total Charges	79,984.	09005
09000	Clinic	00300	Cost to Charge Ratio	5.850608	Ratio
09100	Emergency	00100	Capital Related Cost	760,823.	
09100	Emergency	00200	Total Charges	245,330,484.	
09100	Emergency	00300	Cost to Charge Ratio	0.003101	Ratio
09100	Emergency	00400	Inpatient Charges	14,627,194.	
09100	Emergency	00500	Capital Costs	45,359.	
09200	Observation Beds	00100	Capital Related Cost	365,544.	
09200	Observation Beds	00200	Total Charges	15,359,607.	
09200	Observation Beds	00300	Cost to Charge Ratio	0.023799	Ratio
09200	Observation Beds	00400	Inpatient Charges	1,040,089.	
09200	Observation Beds	00500	Capital Costs	24,753.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00100	Capital Related Cost	8,087,780.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00200	Total Charges	1,847,589,754.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00400	Inpatient Charges	144,746,551.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00500	Capital Costs	518,200.	
B18	IPF Medicare				
05000	Operating Room	00100	Capital Related Cost	1,427,635.	
05000	Operating Room	00200	Total Charges	193,585,624.	
05000	Operating Room	00300	Cost to Charge Ratio	0.007375	Ratio
05100	Recovery Room	00100	Capital Related Cost	156,528.	
05100	Recovery Room	00200	Total Charges	33,921,906.	
05100	Recovery Room	00300	Cost to Charge Ratio	0.004614	Ratio
05200	Delivery Room and Labor Room	00100	Capital Related Cost	788,345.	
05200	Delivery Room and Labor Room	00200	Total Charges	68,699,049.	
05200	Delivery Room and Labor Room	00300	Cost to Charge Ratio	0.011475	Ratio
05300	Anesthesiology	00100	Capital Related Cost	27,782.	
05300	Anesthesiology	00200	Total Charges	61,265,542.	
05300	Anesthesiology	00300	Cost to Charge Ratio	0.000453	Ratio
05400	Radiology - Diagnostc	00100	Capital Related Cost	519,701.	

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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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05400	Radiology - Diagnositc	00200	Total Charges	206,660,682.	
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.002515	Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	162,350.	
05400	Radiology - Diagnositc	00500	Capital Costs	408.	
05400	Radiology - Diagnositc	00100	Capital Related Cost	45,586.	05401
05400	Radiology - Diagnositc	00200	Total Charges	24,379,901.	05401
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.001870	Ratio
05400	Radiology - Diagnositc	00100	Capital Related Cost	149,045.	05402
05400	Radiology - Diagnositc	00200	Total Charges	3,170,165.	05402
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.047015	Ratio
05600	Radioisotope	00100	Capital Related Cost	72,412.	
05600	Radioisotope	00200	Total Charges	2,684,941.	
05600	Radioisotope	00300	Cost to Charge Ratio	0.026970	Ratio
06000	Laboratory	00100	Capital Related Cost	657,767.	
06000	Laboratory	00200	Total Charges	262,397,543.	
06000	Laboratory	00300	Cost to Charge Ratio	0.002507	Ratio
06000	Laboratory	00400	Inpatient Charges	621,675.	
06000	Laboratory	00500	Capital Costs	1,559.	
06500	Respiratory Therapy	00100	Capital Related Cost	130,597.	
06500	Respiratory Therapy	00200	Total Charges	73,022,738.	
06500	Respiratory Therapy	00300	Cost to Charge Ratio	0.001788	Ratio
06500	Respiratory Therapy	00400	Inpatient Charges	6,916.	
06500	Respiratory Therapy	00500	Capital Costs	12.	
06600	Physical Therapy	00100	Capital Related Cost	475,781.	
06600	Physical Therapy	00200	Total Charges	52,986,985.	
06600	Physical Therapy	00300	Cost to Charge Ratio	0.008979	Ratio
06600	Physical Therapy	00400	Inpatient Charges	17,380.	
06600	Physical Therapy	00500	Capital Costs	156.	
06600	Physical Therapy	00100	Capital Related Cost	5,085.	06602
06600	Physical Therapy	00200	Total Charges	408,700.	06602
06600	Physical Therapy	00300	Cost to Charge Ratio	0.012442	Ratio
06900	Electrocardiology	00100	Capital Related Cost	2,411.	
06900	Electrocardiology	00200	Total Charges	7,768,649.	

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100288 ST MARYS MEDICAL CENTER WEST PALM BEACH, FL 33407

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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
06900	Electrocardiology	00300	Cost to Charge Ratio	0.000310	Ratio
06900	Electrocardiology	00400	Inpatient Charges	17,240.	
06900	Electrocardiology	00500	Capital Costs	5.	
06900	Electrocardiology	00100	Capital Related Cost	91,900.	06902
06900	Electrocardiology	00200	Total Charges	20,567,728.	06902
06900	Electrocardiology	00300	Cost to Charge Ratio	0.004468	Ratio
07000	Electroencephalography	00100	Capital Related Cost	46,890.	
07000	Electroencephalography	00200	Total Charges	7,630,162.	
07000	Electroencephalography	00300	Cost to Charge Ratio	0.006145	Ratio
07100	Medical Supplies Charged to Patients	00100	Capital Related Cost	225,696.	
07100	Medical Supplies Charged to Patients	00200	Total Charges	96,299,393.	
07100	Medical Supplies Charged to Patients	00300	Cost to Charge Ratio	0.002344	Ratio
07100	Medical Supplies Charged to Patients	00400	Inpatient Charges	3,523.	
07100	Medical Supplies Charged to Patients	00500	Capital Costs	8.	
07200	Implantable Devices Charged to Patients	00100	Capital Related Cost	297,553.	
07200	Implantable Devices Charged to Patients	00200	Total Charges	128,143,415.	
07200	Implantable Devices Charged to Patients	00300	Cost to Charge Ratio	0.002322	Ratio
07300	Drugs Charged to Patients	00100	Capital Related Cost	400,667.	
07300	Drugs Charged to Patients	00200	Total Charges	252,846,155.	
07300	Drugs Charged to Patients	00300	Cost to Charge Ratio	0.001585	Ratio
07300	Drugs Charged to Patients	00400	Inpatient Charges	666,418.	
07300	Drugs Charged to Patients	00500	Capital Costs	1,056.	
07400	Renal Dialysis	00100	Capital Related Cost	196,096.	
07400	Renal Dialysis	00200	Total Charges	17,511,106.	
07400	Renal Dialysis	00300	Cost to Charge Ratio	0.011198	Ratio
07400	Renal Dialysis	00400	Inpatient Charges	13,643.	
07400	Renal Dialysis	00500	Capital Costs	153.	
07600	Other Ancillary Cost	00100	Capital Related Cost	32,148.	07606
07600	Other Ancillary Cost	00200	Total Charges	8,684.	07606
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	3.701981	Ratio
07600	Other Ancillary Cost	00100	Capital Related Cost	19,609.	07607
07600	Other Ancillary Cost	00200	Total Charges	207,271.	07607
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.094606	Ratio

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100288 ST MARYS MEDICAL CENTER WEST PALM BEACH, FL 33407

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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
07600	Other Ancillary Cost	00100	Capital Related Cost	4,009.	07608
07600	Other Ancillary Cost	00200	Total Charges	2,556,284.	07608
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.001568	Ratio
07600	Other Ancillary Cost	00100	Capital Related Cost	19,038.	07698
07600	Other Ancillary Cost	00200	Total Charges	5,121,749.	07698
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.003717	Ratio
09000	Clinic	00100	Capital Related Cost	28,943.	
09000	Clinic	00100	Capital Related Cost	141,466.	09001
09000	Clinic	00200	Total Charges	7,211,535.	09001
09000	Clinic	00300	Cost to Charge Ratio	0.019617	Ratio
09000	Clinic	00100	Capital Related Cost	507,990.	09003
09000	Clinic	00200	Total Charges	57,657,669.	09003
09000	Clinic	00300	Cost to Charge Ratio	0.008810	Ratio
09000	Clinic	00100	Capital Related Cost	22,778.	09004
09000	Clinic	00200	Total Charges	106,103.	09004
09000	Clinic	00300	Cost to Charge Ratio	0.214678	Ratio
09000	Clinic	00100	Capital Related Cost	467,955.	09005
09000	Clinic	00200	Total Charges	79,984.	09005
09000	Clinic	00300	Cost to Charge Ratio	5.850608	Ratio
09100	Emergency	00100	Capital Related Cost	760,823.	
09100	Emergency	00200	Total Charges	245,330,484.	
09100	Emergency	00300	Cost to Charge Ratio	0.003101	Ratio
09100	Emergency	00400	Inpatient Charges	454,098.	
09100	Emergency	00500	Capital Costs	1,408.	
09200	Observation Beds	00200	Total Charges	15,359,607.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00100	Capital Related Cost	7,722,236.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00200	Total Charges	1,847,589,754.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00400	Inpatient Charges	1,963,243.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00500	Capital Costs	4,765.	
C18	IRF Medicare				
05000	Operating Room	00100	Capital Related Cost	1,427,635.	
05000	Operating Room	00200	Total Charges	193,585,624.	
05000	Operating Room	00300	Cost to Charge Ratio	0.007375	Ratio

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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05000	Operating Room	00400	Inpatient Charges	41,075.	
05000	Operating Room	00500	Capital Costs	303.	
05100	Recovery Room	00100	Capital Related Cost	156,528.	
05100	Recovery Room	00200	Total Charges	33,921,906.	
05100	Recovery Room	00300	Cost to Charge Ratio	0.004614	Ratio
05200	Delivery Room and Labor Room	00100	Capital Related Cost	788,345.	
05200	Delivery Room and Labor Room	00200	Total Charges	68,699,049.	
05200	Delivery Room and Labor Room	00300	Cost to Charge Ratio	0.011475	Ratio
05300	Anesthesiology	00100	Capital Related Cost	27,782.	
05300	Anesthesiology	00200	Total Charges	61,265,542.	
05300	Anesthesiology	00300	Cost to Charge Ratio	0.000453	Ratio
05300	Anesthesiology	00400	Inpatient Charges	618.	
05400	Radiology - Diagnositc	00100	Capital Related Cost	519,701.	
05400	Radiology - Diagnositc	00200	Total Charges	206,660,682.	
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.002515	Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	516,673.	
05400	Radiology - Diagnositc	00500	Capital Costs	1,299.	
05400	Radiology - Diagnositc	00100	Capital Related Cost	45,586.	05401
05400	Radiology - Diagnositc	00200	Total Charges	24,379,901.	05401
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.001870	Ratio
05400	Radiology - Diagnositc	00100	Capital Related Cost	149,045.	05402
05400	Radiology - Diagnositc	00200	Total Charges	3,170,165.	05402
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.047015	Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	7,663.	05402
05400	Radiology - Diagnositc	00500	Capital Costs	360.	05402
05600	Radioisotope	00100	Capital Related Cost	72,412.	
05600	Radioisotope	00200	Total Charges	2,684,941.	
05600	Radioisotope	00300	Cost to Charge Ratio	0.026970	Ratio
05600	Radioisotope	00400	Inpatient Charges	6,849.	
05600	Radioisotope	00500	Capital Costs	185.	
06000	Laboratory	00100	Capital Related Cost	657,767.	
06000	Laboratory	00200	Total Charges	262,397,543.	
06000	Laboratory	00300	Cost to Charge Ratio	0.002507	Ratio

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
06000	Laboratory	00400	Inpatient Charges	1,006,696.	
06000	Laboratory	00500	Capital Costs	2,524.	
06500	Respiratory Therapy	00100	Capital Related Cost	130,597.	
06500	Respiratory Therapy	00200	Total Charges	73,022,738.	
06500	Respiratory Therapy	00300	Cost to Charge Ratio	0.001788	Ratio
06500	Respiratory Therapy	00400	Inpatient Charges	453,609.	
06500	Respiratory Therapy	00500	Capital Costs	811.	
06600	Physical Therapy	00100	Capital Related Cost	475,781.	
06600	Physical Therapy	00200	Total Charges	52,986,985.	
06600	Physical Therapy	00300	Cost to Charge Ratio	0.008979	Ratio
06600	Physical Therapy	00400	Inpatient Charges	4,313,419.	
06600	Physical Therapy	00500	Capital Costs	38,730.	
06600	Physical Therapy	00100	Capital Related Cost	5,085.	06602
06600	Physical Therapy	00200	Total Charges	408,700.	06602
06600	Physical Therapy	00300	Cost to Charge Ratio	0.012442	Ratio
06900	Electrocardiology	00100	Capital Related Cost	2,411.	
06900	Electrocardiology	00200	Total Charges	7,768,649.	
06900	Electrocardiology	00300	Cost to Charge Ratio	0.000310	Ratio
06900	Electrocardiology	00400	Inpatient Charges	373,838.	
06900	Electrocardiology	00500	Capital Costs	116.	
06900	Electrocardiology	00100	Capital Related Cost	91,900.	06902
06900	Electrocardiology	00200	Total Charges	20,567,728.	06902
06900	Electrocardiology	00300	Cost to Charge Ratio	0.004468	Ratio
07000	Electroencephalography	00100	Capital Related Cost	46,890.	
07000	Electroencephalography	00200	Total Charges	7,630,162.	
07000	Electroencephalography	00300	Cost to Charge Ratio	0.006145	Ratio
07100	Medical Supplies Charged to Patients	00100	Capital Related Cost	225,696.	
07100	Medical Supplies Charged to Patients	00200	Total Charges	96,299,393.	
07100	Medical Supplies Charged to Patients	00300	Cost to Charge Ratio	0.002344	Ratio
07100	Medical Supplies Charged to Patients	00400	Inpatient Charges	281,623.	
07100	Medical Supplies Charged to Patients	00500	Capital Costs	660.	
07200	Implantable Devices Charged to Patients	00100	Capital Related Cost	297,553.	
07200	Implantable Devices Charged to Patients	00200	Total Charges	128,143,415.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
07200	Implantable Devices Charged to Patients	00300	Cost to Charge Ratio	0.002322	Ratio
07300	Drugs Charged to Patients	00100	Capital Related Cost	400,667.	
07300	Drugs Charged to Patients	00200	Total Charges	252,846,155.	
07300	Drugs Charged to Patients	00300	Cost to Charge Ratio	0.001585	Ratio
07300	Drugs Charged to Patients	00400	Inpatient Charges	2,106,940.	
07300	Drugs Charged to Patients	00500	Capital Costs	3,339.	
07400	Renal Dialysis	00100	Capital Related Cost	196,096.	
07400	Renal Dialysis	00200	Total Charges	17,511,106.	
07400	Renal Dialysis	00300	Cost to Charge Ratio	0.011198	Ratio
07400	Renal Dialysis	00400	Inpatient Charges	103,894.	
07400	Renal Dialysis	00500	Capital Costs	1,163.	
07600	Other Ancillary Cost	00100	Capital Related Cost	32,148.	07606
07600	Other Ancillary Cost	00200	Total Charges	8,684.	07606
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	3.701981	Ratio
07600	Other Ancillary Cost	00100	Capital Related Cost	19,609.	07607
07600	Other Ancillary Cost	00200	Total Charges	207,271.	07607
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.094606	Ratio
07600	Other Ancillary Cost	00100	Capital Related Cost	4,009.	07608
07600	Other Ancillary Cost	00200	Total Charges	2,556,284.	07608
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.001568	Ratio
07600	Other Ancillary Cost	00100	Capital Related Cost	19,038.	07698
07600	Other Ancillary Cost	00200	Total Charges	5,121,749.	07698
07600	Other Ancillary Cost	00300	Cost to Charge Ratio	0.003717	Ratio
09000	Clinic	00100	Capital Related Cost	28,943.	
09000	Clinic	00100	Capital Related Cost	141,466.	09001
09000	Clinic	00200	Total Charges	7,211,535.	09001
09000	Clinic	00300	Cost to Charge Ratio	0.019617	Ratio
09000	Clinic	00100	Capital Related Cost	507,990.	09003
09000	Clinic	00200	Total Charges	57,657,669.	09003
09000	Clinic	00300	Cost to Charge Ratio	0.008810	Ratio
09000	Clinic	00100	Capital Related Cost	22,778.	09004
09000	Clinic	00200	Total Charges	106,103.	09004
09000	Clinic	00300	Cost to Charge Ratio	0.214678	Ratio

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
05100	Recovery Room	01200	Outpatient Charges	606,345.	
05200	Delivery Room and Labor Room	00700	Total Charges	68,699,049.	
05200	Delivery Room and Labor Room	01000	Inpatient Charges	265,588.	
05200	Delivery Room and Labor Room	01200	Outpatient Charges	11,381.	
05300	Anesthesiology	00700	Total Charges	61,265,542.	
05300	Anesthesiology	01000	Inpatient Charges	3,583,782.	
05300	Anesthesiology	01200	Outpatient Charges	714,375.	
05400	Radiology - Diagnositc	00700	Total Charges	206,660,682.	
05400	Radiology - Diagnositc	01000	Inpatient Charges	17,268,805.	
05400	Radiology - Diagnositc	01200	Outpatient Charges	7,208,729.	
05400	Radiology - Diagnositc	00700	Total Charges	24,379,901.	05401
05400	Radiology - Diagnositc	01000	Inpatient Charges	1,469,665.	05401
05400	Radiology - Diagnositc	01200	Outpatient Charges	369,199.	05401
05400	Radiology - Diagnositc	00700	Total Charges	3,170,165.	05402
05400	Radiology - Diagnositc	01000	Inpatient Charges	246,272.	05402
05400	Radiology - Diagnositc	01200	Outpatient Charges	62,571.	05402
05600	Radioisotope	00700	Total Charges	2,684,941.	
05600	Radioisotope	01000	Inpatient Charges	229,679.	
05600	Radioisotope	01200	Outpatient Charges	79,227.	
06000	Laboratory	00700	Total Charges	262,397,543.	
06000	Laboratory	01000	Inpatient Charges	22,787,278.	
06000	Laboratory	01200	Outpatient Charges	4,948,957.	
06500	Respiratory Therapy	00700	Total Charges	73,022,738.	
06500	Respiratory Therapy	01000	Inpatient Charges	5,991,743.	
06500	Respiratory Therapy	01200	Outpatient Charges	129,723.	
06600	Physical Therapy	00700	Total Charges	52,986,985.	
06600	Physical Therapy	01000	Inpatient Charges	3,643,371.	
06600	Physical Therapy	00700	Total Charges	408,700.	06602
06600	Physical Therapy	01000	Inpatient Charges	-2,654.	06602
06900	Electrocardiology	00700	Total Charges	7,768,649.	
06900	Electrocardiology	01000	Inpatient Charges	628,891.	
06900	Electrocardiology	01200	Outpatient Charges	325,892.	
06900	Electrocardiology	00700	Total Charges	20,567,728.	06902

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
06900	Electrocardiology	01000	Inpatient Charges	3,673,421.	06902
06900	Electrocardiology	01200	Outpatient Charges	388,811.	06902
07000	Electroencephalography	00700	Total Charges	7,630,162.	
07000	Electroencephalography	01000	Inpatient Charges	966,129.	
07000	Electroencephalography	01200	Outpatient Charges	29,436.	
07100	Medical Supplies Charged to Patients	00700	Total Charges	96,299,393.	
07100	Medical Supplies Charged to Patients	01000	Inpatient Charges	7,766,994.	
07100	Medical Supplies Charged to Patients	01200	Outpatient Charges	2,273,436.	
07200	Implantable Devices Charged to Patients	00700	Total Charges	128,143,415.	
07200	Implantable Devices Charged to Patients	01000	Inpatient Charges	13,318,402.	
07200	Implantable Devices Charged to Patients	01200	Outpatient Charges	1,165,072.	
07300	Drugs Charged to Patients	00700	Total Charges	252,846,155.	
07300	Drugs Charged to Patients	01000	Inpatient Charges	24,585,586.	
07300	Drugs Charged to Patients	01200	Outpatient Charges	10,610,703.	
07400	Renal Dialysis	00700	Total Charges	17,511,106.	
07400	Renal Dialysis	01000	Inpatient Charges	691,990.	
07600	Other Ancillary Cost	00700	Total Charges	8,684.	07606
07600	Other Ancillary Cost	00700	Total Charges	207,271.	07607
07600	Other Ancillary Cost	00700	Total Charges	2,556,284.	07608
07600	Other Ancillary Cost	01000	Inpatient Charges	495,885.	07608
07600	Other Ancillary Cost	01200	Outpatient Charges	10,471.	07608
07600	Other Ancillary Cost	00700	Total Charges	5,121,749.	07698
07600	Other Ancillary Cost	01000	Inpatient Charges	316,061.	07698
07600	Other Ancillary Cost	01200	Outpatient Charges	666,792.	07698
09000	Clinic	00700	Total Charges	7,211,535.	09001
09000	Clinic	01000	Inpatient Charges	1,400.	09001
09000	Clinic	01200	Outpatient Charges	2,624,631.	09001
09000	Clinic	00700	Total Charges	57,657,669.	09003
09000	Clinic	01000	Inpatient Charges	6,037,907.	09003
09000	Clinic	01200	Outpatient Charges	2,515,276.	09003
09000	Clinic	00700	Total Charges	106,103.	09004
09000	Clinic	01000	Inpatient Charges	536.	09004
09000	Clinic	01200	Outpatient Charges	11,928.	09004

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
09000	Clinic	00700	Total Charges	79,984.	09005
09100	Emergency	00700	Total Charges	245,330,484.	
09100	Emergency	01000	Inpatient Charges	14,627,194.	
09100	Emergency	01200	Outpatient Charges	5,297,978.	
09200	Observation Beds	00700	Total Charges	15,359,607.	
09200	Observation Beds	01000	Inpatient Charges	1,040,089.	
09200	Observation Beds	01200	Outpatient Charges	985,240.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00700	Total Charges	1,847,589,754.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01000	Inpatient Charges	144,746,551.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01200	Outpatient Charges	43,302,872.	
B18	IPF Medicare				
05000	Operating Room	00700	Total Charges	193,585,624.	
05100	Recovery Room	00700	Total Charges	33,921,906.	
05200	Delivery Room and Labor Room	00700	Total Charges	68,699,049.	
05300	Anesthesiology	00700	Total Charges	61,265,542.	
05400	Radiology - Diagnostc	00700	Total Charges	206,660,682.	
05400	Radiology - Diagnostc	01000	Inpatient Charges	162,350.	
05400	Radiology - Diagnostc	01200	Outpatient Charges	19,935.	
05400	Radiology - Diagnostc	00700	Total Charges	24,379,901.	05401
05400	Radiology - Diagnostc	01200	Outpatient Charges	1,202.	05401
05400	Radiology - Diagnostc	00700	Total Charges	3,170,165.	05402
05600	Radioisotope	00700	Total Charges	2,684,941.	
06000	Laboratory	00700	Total Charges	262,397,543.	
06000	Laboratory	01000	Inpatient Charges	621,675.	
06000	Laboratory	01200	Outpatient Charges	13,772.	
06500	Respiratory Therapy	00700	Total Charges	73,022,738.	
06500	Respiratory Therapy	01000	Inpatient Charges	6,916.	
06600	Physical Therapy	00700	Total Charges	52,986,985.	
06600	Physical Therapy	01000	Inpatient Charges	17,380.	
06600	Physical Therapy	00700	Total Charges	408,700.	06602
06900	Electrocardiology	00700	Total Charges	7,768,649.	
06900	Electrocardiology	01000	Inpatient Charges	17,240.	
06900	Electrocardiology	01200	Outpatient Charges	2,580.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
06900	Electrocardiology	00700	Total Charges	20,567,728.	06902
07000	Electroencephalography	00700	Total Charges	7,630,162.	
07100	Medical Supplies Charged to Patients	00700	Total Charges	96,299,393.	
07100	Medical Supplies Charged to Patients	01000	Inpatient Charges	3,523.	
07100	Medical Supplies Charged to Patients	01200	Outpatient Charges	104.	
07200	Implantable Devices Charged to Patients	00700	Total Charges	128,143,415.	
07300	Drugs Charged to Patients	00700	Total Charges	252,846,155.	
07300	Drugs Charged to Patients	01000	Inpatient Charges	666,418.	
07300	Drugs Charged to Patients	01200	Outpatient Charges	2,200.	
07400	Renal Dialysis	00700	Total Charges	17,511,106.	
07400	Renal Dialysis	01000	Inpatient Charges	13,643.	
07600	Other Ancillary Cost	00700	Total Charges	8,684.	07606
07600	Other Ancillary Cost	00700	Total Charges	207,271.	07607
07600	Other Ancillary Cost	00700	Total Charges	2,556,284.	07608
07600	Other Ancillary Cost	00700	Total Charges	5,121,749.	07698
09000	Clinic	00700	Total Charges	7,211,535.	09001
09000	Clinic	00700	Total Charges	57,657,669.	09003
09000	Clinic	00700	Total Charges	106,103.	09004
09000	Clinic	00700	Total Charges	79,984.	09005
09100	Emergency	00700	Total Charges	245,330,484.	
09100	Emergency	01000	Inpatient Charges	454,098.	
09100	Emergency	01200	Outpatient Charges	13,761.	
09200	Observation Beds	00700	Total Charges	15,359,607.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00700	Total Charges	1,847,589,754.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01000	Inpatient Charges	1,963,243.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01200	Outpatient Charges	53,554.	
C18	IRF Medicare				
05000	Operating Room	00700	Total Charges	193,585,624.	
05000	Operating Room	01000	Inpatient Charges	41,075.	
05100	Recovery Room	00700	Total Charges	33,921,906.	
05200	Delivery Room and Labor Room	00700	Total Charges	68,699,049.	
05300	Anesthesiology	00700	Total Charges	61,265,542.	
05300	Anesthesiology	01000	Inpatient Charges	618.	

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
05400	Radiology - Diagnositc	00700	Total Charges	206,660,682.	
05400	Radiology - Diagnositc	01000	Inpatient Charges	516,673.	
05400	Radiology - Diagnositc	01200	Outpatient Charges	3,457.	
05400	Radiology - Diagnositc	00700	Total Charges	24,379,901.	05401
05400	Radiology - Diagnositc	00700	Total Charges	3,170,165.	05402
05400	Radiology - Diagnositc	01000	Inpatient Charges	7,663.	05402
05600	Radioisotope	00700	Total Charges	2,684,941.	
05600	Radioisotope	01000	Inpatient Charges	6,849.	
06000	Laboratory	00700	Total Charges	262,397,543.	
06000	Laboratory	01000	Inpatient Charges	1,006,696.	
06500	Respiratory Therapy	00700	Total Charges	73,022,738.	
06500	Respiratory Therapy	01000	Inpatient Charges	453,609.	
06600	Physical Therapy	00700	Total Charges	52,986,985.	
06600	Physical Therapy	01000	Inpatient Charges	4,313,419.	
06600	Physical Therapy	00700	Total Charges	408,700.	06602
06900	Electrocardiology	00700	Total Charges	7,768,649.	
06900	Electrocardiology	01000	Inpatient Charges	373,838.	
06900	Electrocardiology	00700	Total Charges	20,567,728.	06902
07000	Electroencephalography	00700	Total Charges	7,630,162.	
07100	Medical Supplies Charged to Patients	00700	Total Charges	96,299,393.	
07100	Medical Supplies Charged to Patients	01000	Inpatient Charges	281,623.	
07200	Implantable Devices Charged to Patients	00700	Total Charges	128,143,415.	
07300	Drugs Charged to Patients	00700	Total Charges	252,846,155.	
07300	Drugs Charged to Patients	01000	Inpatient Charges	2,106,940.	
07300	Drugs Charged to Patients	01200	Outpatient Charges	115.	
07400	Renal Dialysis	00700	Total Charges	17,511,106.	
07400	Renal Dialysis	01000	Inpatient Charges	103,894.	
07600	Other Ancillary Cost	00700	Total Charges	8,684.	07606
07600	Other Ancillary Cost	00700	Total Charges	207,271.	07607
07600	Other Ancillary Cost	00700	Total Charges	2,556,284.	07608
07600	Other Ancillary Cost	00700	Total Charges	5,121,749.	07698
09000	Clinic	00700	Total Charges	7,211,535.	09001
09000	Clinic	00700	Total Charges	57,657,669.	09003

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.045561	CC Ratio
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	369,199.	Charges
05400	Radiology - Diagnositc	00500	PPS Reimbrused Services	16,821.	Cost
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.316641	CC Ratio
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	62,571.	Charges
05400	Radiology - Diagnositc	00500	PPS Reimbrused Services	19,813.	Cost
05600	Radioisotope	00100	CC Ratio Wkst C Part 1	0.342242	CC Ratio
05600	Radioisotope	00200	PPS Reimbrused Services	79,227.	Charges
05600	Radioisotope	00500	PPS Reimbrused Services	27,115.	Cost
06000	Laboratory	00100	CC Ratio Wkst C Part 1	0.060663	CC Ratio
06000	Laboratory	00200	PPS Reimbrused Services	4,948,957.	Charges
06000	Laboratory	00500	PPS Reimbrused Services	300,219.	Cost
06500	Respiratory Therapy	00100	CC Ratio Wkst C Part 1	0.060781	CC Ratio
06500	Respiratory Therapy	00200	PPS Reimbrused Services	129,723.	Charges
06500	Respiratory Therapy	00500	PPS Reimbrused Services	7,885.	Cost
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.162937	CC Ratio
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.402469	CC Ratio
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.022039	CC Ratio
06900	Electrocardiology	00200	PPS Reimbrused Services	325,892.	Charges
06900	Electrocardiology	00500	PPS Reimbrused Services	7,182.	Cost
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.037353	CC Ratio
06900	Electrocardiology	00200	PPS Reimbrused Services	388,811.	Charges
06900	Electrocardiology	00500	PPS Reimbrused Services	14,523.	Cost

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
07000	Electroencephalography	00100	CC Ratio Wkst C Part 1	0.070875	CC Ratio
07000	Electroencephalography	00200	PPS Reimbrused Services	29,436.	Charges
07000	Electroencephalography	00500	PPS Reimbrused Services	2,086.	Cost
07100	Medical Supplies Charged to Patients	00100	CC Ratio Wkst C Part 1	0.201427	CC Ratio
07100	Medical Supplies Charged to Patients	00200	PPS Reimbrused Services	2,273,436.	Charges
07100	Medical Supplies Charged to Patients	00500	PPS Reimbrused Services	457,931.	Cost
07200	Implantable Devices Charged to Patients	00100	CC Ratio Wkst C Part 1	0.199127	CC Ratio
07200	Implantable Devices Charged to Patients	00200	PPS Reimbrused Services	1,165,072.	Charges
07200	Implantable Devices Charged to Patients	00500	PPS Reimbrused Services	231,997.	Cost
07300	Drugs Charged to Patients	00100	CC Ratio Wkst C Part 1	0.092396	CC Ratio
07300	Drugs Charged to Patients	00200	PPS Reimbrused Services	10,610,703.	Charges
07300	Drugs Charged to Patients	00400	Cost Reimb Svcs - No Co-I	52,919.	Charges
07300	Drugs Charged to Patients	00500	PPS Reimbrused Services	980,387.	Cost
07300	Drugs Charged to Patients	00700	Cost Reimb Svcs - No Co-I	4,890.	Cost
07400	Renal Dialysis	00100	CC Ratio Wkst C Part 1	0.210808	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	96.112391	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	9.300201	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.129155	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	10,471.	Charges
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	1,352.	Cost
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.106554	CC Ratio
07600	Other Ancillary Cost	00200	PPS Reimbrused Services	666,792.	Charges
07600	Other Ancillary Cost	00500	PPS Reimbrused Services	71,049.	Cost

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
09000	Clinic	00100	CC Ratio Wkst C Part 1	0.294308	CC Ratio
09000	Clinic	00200	PPS Reimbrused Services	2,624,631.	Charges
09000	Clinic	00500	PPS Reimbrused Services	772,450.	Cost
09000	Clinic	00100	CC Ratio Wkst C Part 1	0.064122	CC Ratio
09000	Clinic	00200	PPS Reimbrused Services	2,515,276.	Charges
09000	Clinic	00500	PPS Reimbrused Services	161,285.	Cost
09000	Clinic	00100	CC Ratio Wkst C Part 1	5.660500	CC Ratio
09000	Clinic	00200	PPS Reimbrused Services	11,928.	Charges
09000	Clinic	00500	PPS Reimbrused Services	67,518.	Cost
09000	Clinic	00100	CC Ratio Wkst C Part 1	22.916633	CC Ratio
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.068679	CC Ratio
09100	Emergency	00200	PPS Reimbrused Services	5,297,978.	Charges
09100	Emergency	00500	PPS Reimbrused Services	363,860.	Cost
09200	Observation Beds	00100	CC Ratio Wkst C Part 1	0.325622	CC Ratio
09200	Observation Beds	00200	PPS Reimbrused Services	985,240.	Charges
09200	Observation Beds	00500	PPS Reimbrused Services	320,816.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00200	PPS Reimbrused Services	43,302,872.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00400	Cost Reimb Svcs - No Co-I	52,919.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00500	PPS Reimbrused Services	4,331,816.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00700	Cost Reimb Svcs - No Co-I	4,890.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00200	PPS Reimbrused Services	43,302,872.	Charges

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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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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00400	Cost Reimb Svcs - No Co-I	52,919.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00500	PPS Reimbrused Services	4,331,816.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00700	Cost Reimb Svcs - No Co-I	4,890.	Cost
A19	Hospital Medicaid				
05000	Operating Room	00300	Cost Reimb Svcs - Co-Ins	1,132,013.	Charges
05100	Recovery Room	00300	Cost Reimb Svcs - Co-Ins	307,448.	Charges
05200	Delivery Room and Labor Room	00300	Cost Reimb Svcs - Co-Ins	305,870.	Charges
05300	Anesthesiology	00300	Cost Reimb Svcs - Co-Ins	334,420.	Charges
05400	Radiology - Diagnostc	00300	Cost Reimb Svcs - Co-Ins	5,288,337.	Charges
05400	Radiology - Diagnostc	00300	Cost Reimb Svcs - Co-Ins	2,465,969.	Charges
05400	Radiology - Diagnostc	00300	Cost Reimb Svcs - Co-Ins	15,908.	Charges
05600	Radioisotope	00300	Cost Reimb Svcs - Co-Ins	19,752.	Charges
06000	Laboratory	00300	Cost Reimb Svcs - Co-Ins	6,750,179.	Charges
06500	Respiratory Therapy	00300	Cost Reimb Svcs - Co-Ins	99,493.	Charges
06600	Physical Therapy	00300	Cost Reimb Svcs - Co-Ins	100,112.	Charges
06600	Physical Therapy	00300	Cost Reimb Svcs - Co-Ins	21,693.	Charges
06900	Electrocardiology	00300	Cost Reimb Svcs - Co-Ins	224,606.	Charges
06900	Electrocardiology	00300	Cost Reimb Svcs - Co-Ins	263,713.	Charges
07000	Electroencephalography	00300	Cost Reimb Svcs - Co-Ins	9,297.	Charges

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100288	ST MARYS MEDICAL CENTER WEST PALM BEACH, FL	33407			

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	1,202.	Charges
05400	Radiology - Diagnositc	00500	PPS Reimbrused Services	55.	Cost
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.316641	CC Ratio
05600	Radioisotope	00100	CC Ratio Wkst C Part 1	0.342242	CC Ratio
06000	Laboratory	00100	CC Ratio Wkst C Part 1	0.060663	CC Ratio
06000	Laboratory	00200	PPS Reimbrused Services	13,772.	Charges
06000	Laboratory	00500	PPS Reimbrused Services	835.	Cost
06500	Respiratory Therapy	00100	CC Ratio Wkst C Part 1	0.060781	CC Ratio
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.162937	CC Ratio
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.402469	CC Ratio
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.022039	CC Ratio
06900	Electrocardiology	00200	PPS Reimbrused Services	2,580.	Charges
06900	Electrocardiology	00500	PPS Reimbrused Services	57.	Cost
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.037353	CC Ratio
07000	Electroencephalography	00100	CC Ratio Wkst C Part 1	0.070875	CC Ratio
07100	Medical Supplies Charged to Patients	00100	CC Ratio Wkst C Part 1	0.201427	CC Ratio
07100	Medical Supplies Charged to Patients	00200	PPS Reimbrused Services	104.	Charges
07100	Medical Supplies Charged to Patients	00500	PPS Reimbrused Services	21.	Cost
07200	Implantable Devices Charged to Patients	00100	CC Ratio Wkst C Part 1	0.199127	CC Ratio
07300	Drugs Charged to Patients	00100	CC Ratio Wkst C Part 1	0.092396	CC Ratio
07300	Drugs Charged to Patients	00200	PPS Reimbrused Services	2,200.	Charges
07300	Drugs Charged to Patients	00400	Cost Reimb Svcs - No Co-I	4,270.	Charges
07300	Drugs Charged to Patients	00500	PPS Reimbrused Services	203.	Cost
07300	Drugs Charged to Patients	00700	Cost Reimb Svcs - No Co-I	395.	Cost

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
07400	Renal Dialysis	00100	CC Ratio Wkst C Part 1	0.210808	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	96.112391	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	9.300201	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.129155	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.106554	CC Ratio
09000	Clinic	00100	CC Ratio Wkst C Part 1	0.294308	CC Ratio
09000	Clinic	00100	CC Ratio Wkst C Part 1	0.064122	CC Ratio
09000	Clinic	00100	CC Ratio Wkst C Part 1	5.660500	CC Ratio
09000	Clinic	00100	CC Ratio Wkst C Part 1	22.916633	CC Ratio
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.068679	CC Ratio
09100	Emergency	00200	PPS Reimbrused Services	13,761.	Charges
09100	Emergency	00500	PPS Reimbrused Services	945.	Cost
09200	Observation Beds	00100	CC Ratio Wkst C Part 1	0.325622	CC Ratio
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00200	PPS Reimbrused Services	53,554.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00400	Cost Reimb Svcs - No Co-I	4,270.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00500	PPS Reimbrused Services	2,731.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00700	Cost Reimb Svcs - No Co-I	395.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00200	PPS Reimbrused Services	53,554.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00400	Cost Reimb Svcs - No Co-I	4,270.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00500	PPS Reimbrused Services	2,731.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00700	Cost Reimb Svcs - No Co-I	395.	Cost
C18	IRF Medicare				
05000	Operating Room	00100	CC Ratio Wkst C Part 1	0.094487	CC Ratio
05100	Recovery Room	00100	CC Ratio Wkst C Part 1	0.107236	CC Ratio
05200	Delivery Room and Labor Room	00100	CC Ratio Wkst C Part 1	0.152871	CC Ratio
05300	Anesthesiology	00100	CC Ratio Wkst C Part 1	0.006033	CC Ratio

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.030835	CC Ratio
05400	Radiology - Diagnositc	00200	PPS Reimbrused Services	3,457.	Charges
05400	Radiology - Diagnositc	00500	PPS Reimbrused Services	107.	Cost
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.045561	CC Ratio
05400	Radiology - Diagnositc	00100	CC Ratio Wkst C Part 1	0.316641	CC Ratio
05600	Radioisotope	00100	CC Ratio Wkst C Part 1	0.342242	CC Ratio
06000	Laboratory	00100	CC Ratio Wkst C Part 1	0.060663	CC Ratio
06500	Respiratory Therapy	00100	CC Ratio Wkst C Part 1	0.060781	CC Ratio
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.162937	CC Ratio
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.402469	CC Ratio
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.022039	CC Ratio
06900	Electrocardiology	00100	CC Ratio Wkst C Part 1	0.037353	CC Ratio
07000	Electroencephalography	00100	CC Ratio Wkst C Part 1	0.070875	CC Ratio
07100	Medical Supplies Charged to Patients	00100	CC Ratio Wkst C Part 1	0.201427	CC Ratio
07200	Implantable Devices Charged to Patients	00100	CC Ratio Wkst C Part 1	0.199127	CC Ratio
07300	Drugs Charged to Patients	00100	CC Ratio Wkst C Part 1	0.092396	CC Ratio
07300	Drugs Charged to Patients	00200	PPS Reimbrused Services	115.	Charges
07300	Drugs Charged to Patients	00400	Cost Reimb Svcs - No Co-I	252.	Charges
07300	Drugs Charged to Patients	00500	PPS Reimbrused Services	11.	Cost
07300	Drugs Charged to Patients	00700	Cost Reimb Svcs - No Co-I	23.	Cost
07400	Renal Dialysis	00100	CC Ratio Wkst C Part 1	0.210808	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	96.112391	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	9.300201	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.129155	CC Ratio
07600	Other Ancillary Cost	00100	CC Ratio Wkst C Part 1	0.106554	CC Ratio
09000	Clinic	00100	CC Ratio Wkst C Part 1	0.294308	CC Ratio
09000	Clinic	00100	CC Ratio Wkst C Part 1	0.064122	CC Ratio
09000	Clinic	00100	CC Ratio Wkst C Part 1	5.660500	CC Ratio
09000	Clinic	00100	CC Ratio Wkst C Part 1	22.916633	CC Ratio

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100288	ST MARYS MEDICAL CENTER WEST PALM BEACH, FL		33407		

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
09100	Emergency	00100	CC Ratio Wkst C Part 1	0.068679	CC Ratio
09100	Emergency	00200	PPS Reimbrused Services	2,333.	Charges
09100	Emergency	00500	PPS Reimbrused Services	160.	Cost
09200	Observation Beds	00100	CC Ratio Wkst C Part 1	0.325622	CC Ratio
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00200	PPS Reimbrused Services	5,905.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00400	Cost Reimb Svcs - No Co-I	252.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00500	PPS Reimbrused Services	278.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00700	Cost Reimb Svcs - No Co-I	23.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00200	PPS Reimbrused Services	5,905.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00400	Cost Reimb Svcs - No Co-I	252.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00500	PPS Reimbrused Services	278.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00700	Cost Reimb Svcs - No Co-I	23.	Cost
D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
A18	Hospital Medicare				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	65,525.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	65,525.	Days
00300	Private Room Days (Excluding Swing-Bed Private Room Days)	00100	Inpatient Amount	512.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	59,164.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	6,700.	Days
02100	Total General Inpatient Routine Service Cost	00100	Inpatient Amount	56,030,055.	

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
05000	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 1 and 3).	00100	Inpatient Amount	526,389.	
05100	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 2 and 4).	00100	Inpatient Amount	518,200.	
05200	Total Program Excluded Cost (Sum of Lines 50 and 51)	00100	Inpatient Amount	1,044,589.	
05300	Total program inpatient operating cost excluding captial related, nonphysician anesthetist and medical education cost (line 4	00100	Inpatient Amount	20,004,159.	
08700	Total Observation Bed Days	00100	Inpatient Amount	5,849.	Days
08800	Adjusted General Inpatient Routine Cost Per Diem (Line 27 Divided by Line 02)	00100	Inpatient Amount	855.09	Per Diem
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	5,001,421.	
09000	Capital Related Cost	00100	Inpatient Amount	4,095,118.	
09000	Capital Related Cost	00200	Inpatient Days	56,030,055.	Days
09000	Capital Related Cost	00300	Average Per Diem	0.07	Per Diem
09000	Capital Related Cost	00400	Program Days	5,001,421.	Days
09000	Capital Related Cost	00500	Program Cost	365,544.	
09100	Nursing School Cost	00200	Inpatient Days	56,030,055.	Days
09100	Nursing School Cost	00400	Program Days	5,001,421.	Days
09200	Allied Health Cost	00200	Inpatient Days	56,030,055.	Days
09200	Allied Health Cost	00400	Program Days	5,001,421.	Days
09300	All Other Medical Education	00200	Inpatient Days	56,030,055.	Days
09300	All Other Medical Education	00400	Program Days	5,001,421.	Days
A19	Hospital Medicaid				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	65,525.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	65,525.	Days
00300	Private Room Days (Excluding Swing-Bed Private Room Days)	00100	Inpatient Amount	512.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	59,164.	Days

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100288	ST MARYS MEDICAL CENTER WEST PALM BEACH, FL	33407			

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	11,523.	Days
02800	General Inpatient Routine Service Charges (Excluding Swing-Bed Charges)	00100	Inpatient Amount	188,713,828.	
02900	Private Room Charges (Excluding Swing-Bed Charges)	00100	Inpatient Amount	1,213,736.	
03000	Semi-Private Room Charges (Excluding Swing-Bed Charges)	00100	Inpatient Amount	187,500,092.	
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	34,500,329.	
08700	Total Observation Bed Days	00100	Inpatient Amount	5,849.	Days
08900	Worksheet D-1 Part 1 Observation Bed Cost (Line 87 Times Line 88)	00100	Inpatient Amount	4,999,959.	
B18	IPF Medicare				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	8,417.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	8,417.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	8,417.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	1,488.	Days
02100	Total General Inpatient Routine Service Cost	00100	Inpatient Amount	8,508,259.	
02700	General Inpatient Routine Service Cost Net of Swing-Bed Cost (Line 21 Minus Line 26).	00100	Inpatient Amount	8,508,259.	
03700	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	8,508,259.	
03800	Adjusted General Inpatient Routine Service Cost Per Diem	00100	Inpatient Amount	1,010.84	Per Diem
03900	Program General Inpatient Routine Service Cost (Line 9 Times Line 38)	00100	Inpatient Amount	1,504,130.	
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	1,504,130.	
04800	Program Inpatient Ancillary Service Cost (Worksteet D-4 Column 03 Line 101)	00100	Inpatient Amount	142,723.	

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	1,646,853.	
05000	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 1 and 3).	00100	Inpatient Amount	167,742.	
05100	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 2 and 4).	00100	Inpatient Amount	4,765.	
05200	Total Program Excluded Cost (Sum of Lines 50 and 51)	00100	Inpatient Amount	172,507.	
05300	Total program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education cost (line 4	00100	Inpatient Amount	1,474,346.	
09000	Capital Related Cost	00100	Inpatient Amount	948,823.	
09000	Capital Related Cost	00200	Inpatient Days	8,508,259.	Days
09000	Capital Related Cost	00300	Average Per Diem	0.11	Per Diem
09100	Nursing School Cost	00200	Inpatient Days	8,508,259.	Days
09200	Allied Health Cost	00200	Inpatient Days	8,508,259.	Days
09300	All Other Medical Education	00200	Inpatient Days	8,508,259.	Days
B19	IPF Medicaid				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	8,417.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	8,417.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	8,417.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	501.	Days
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	506,431.	
C18	IRF Medicare				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	8,146.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	8,146.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	8,146.	Days

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100288 ST MARYS MEDICAL CENTER WEST PALM BEACH, FL 33407

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	2,104.	Days
02100	Total General Inpatient Routine Service Cost	00100	Inpatient Amount	8,813,406.	
02700	General Inpatient Routine Service Cost Net of Swing-Bed Cost (Line 21 Minus Line 26).	00100	Inpatient Amount	8,813,406.	
03700	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	8,813,406.	
03800	Adjusted General Inpatient Routine Service Cost Per Diem	00100	Inpatient Amount	1,081.93	Per Diem
03900	Program General Inpatient Routine Service Cost (Line 9 Times Line 38)	00100	Inpatient Amount	2,276,381.	
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	2,276,381.	
04800	Program Inpatient Ancillary Service Cost (Worksteet D-4 Column 03 Line 101)	00100	Inpatient Amount	1,097,696.	
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	3,374,077.	
05000	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 1 and 3).	00100	Inpatient Amount	288,522.	
05100	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 2 and 4).	00100	Inpatient Amount	49,490.	
05200	Total Program Excluded Cost (Sum of Lines 50 and 51)	00100	Inpatient Amount	338,012.	
05300	Total program inpatient operating cost excluding captial related, nonphysician anesthetist and medical education cost (line 4	00100	Inpatient Amount	3,036,065.	
09000	Capital Related Cost	00100	Inpatient Amount	1,117,090.	
09000	Capital Related Cost	00200	Inpatient Days	8,813,406.	Days
09000	Capital Related Cost	00300	Average Per Diem	0.13	Per Diem
09100	Nursing School Cost	00200	Inpatient Days	8,813,406.	Days
09200	Allied Health Cost	00200	Inpatient Days	8,813,406.	Days
09300	All Other Medical Education	00200	Inpatient Days	8,813,406.	Days
C19	IRF Medicaid				

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

D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	8,146.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	8,146.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	8,146.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	336.	Days
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	363,028.	
D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	24,460,003.	
03100	Intensive Care Unit	00200	Inpatient Charges	7,451,495.	
05000	Operating Room	00100	Cost to Charge Ratio	0.094487	CC Ratio
05000	Operating Room	00200	Inpatient Charges	12,869,717.	
05000	Operating Room	00300	Inpatient Cost	1,216,021.	
05100	Recovery Room	00100	Cost to Charge Ratio	0.107236	CC Ratio
05100	Recovery Room	00200	Inpatient Charges	2,242,820.	
05100	Recovery Room	00300	Inpatient Cost	240,511.	
05200	Delivery Room and Labor Room	00100	Cost to Charge Ratio	0.152871	CC Ratio
05200	Delivery Room and Labor Room	00200	Inpatient Charges	265,588.	
05200	Delivery Room and Labor Room	00300	Inpatient Cost	40,601.	
05300	Anesthesiology	00100	Cost to Charge Ratio	0.006033	CC Ratio
05300	Anesthesiology	00200	Inpatient Charges	3,583,782.	
05300	Anesthesiology	00300	Inpatient Cost	21,621.	
05400	Radiology - Diagnostc	00100	Cost to Charge Ratio	0.030835	CC Ratio
05400	Radiology - Diagnostc	00200	Inpatient Charges	17,268,805.	
05400	Radiology - Diagnostc	00300	Inpatient Cost	532,484.	
05400	Radiology - Diagnostc	00100	Cost to Charge Ratio	0.045561	CC Ratio
05400	Radiology - Diagnostc	00200	Inpatient Charges	1,469,665.	05401
05400	Radiology - Diagnostc	00300	Inpatient Cost	66,959.	05401
05400	Radiology - Diagnostc	00100	Cost to Charge Ratio	0.316641	CC Ratio
05400	Radiology - Diagnostc	00200	Inpatient Charges	246,272.	05402

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
05400	Radiology - Diagnostc	00300	Inpatient Cost	77,980.	05402
05600	Radioisotope	00100	Cost to Charge Ratio	0.342242	CC Ratio
05600	Radioisotope	00200	Inpatient Charges	229,679.	
05600	Radioisotope	00300	Inpatient Cost	78,606.	
06000	Laboratory	00100	Cost to Charge Ratio	0.060663	CC Ratio
06000	Laboratory	00200	Inpatient Charges	22,787,278.	
06000	Laboratory	00300	Inpatient Cost	1,382,345.	
06500	Respiratory Therapy	00100	Cost to Charge Ratio	0.060781	CC Ratio
06500	Respiratory Therapy	00200	Inpatient Charges	5,991,743.	
06500	Respiratory Therapy	00300	Inpatient Cost	364,184.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.162937	CC Ratio
06600	Physical Therapy	00200	Inpatient Charges	3,643,371.	
06600	Physical Therapy	00300	Inpatient Cost	593,640.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.402469	CC Ratio
06600	Physical Therapy	00200	Inpatient Charges	-2,654.	06602
06600	Physical Therapy	00300	Inpatient Cost	-1,068.	06602
06900	Electrocardiology	00100	Cost to Charge Ratio	0.022039	CC Ratio
06900	Electrocardiology	00200	Inpatient Charges	628,891.	
06900	Electrocardiology	00300	Inpatient Cost	13,860.	
06900	Electrocardiology	00100	Cost to Charge Ratio	0.037353	CC Ratio
06900	Electrocardiology	00200	Inpatient Charges	3,673,421.	06902
06900	Electrocardiology	00300	Inpatient Cost	137,213.	06902
07000	Electroencephalography	00100	Cost to Charge Ratio	0.072172	CC Ratio
07000	Electroencephalography	00200	Inpatient Charges	966,129.	
07000	Electroencephalography	00300	Inpatient Cost	69,727.	
07100	Medical Supplies Charged to Patients	00100	Cost to Charge Ratio	0.201427	CC Ratio
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	7,766,994.	
07100	Medical Supplies Charged to Patients	00300	Inpatient Cost	1,564,482.	
07200	Implantable Devices Charged to Patients	00100	Cost to Charge Ratio	0.199127	CC Ratio
07200	Implantable Devices Charged to Patients	00200	Inpatient Charges	13,318,402.	
07200	Implantable Devices Charged to Patients	00300	Inpatient Cost	2,652,053.	
07300	Drugs Charged to Patients	00100	Cost to Charge Ratio	0.092396	CC Ratio
07300	Drugs Charged to Patients	00200	Inpatient Charges	24,585,586.	
07300	Drugs Charged to Patients	00300	Inpatient Cost	2,271,610.	

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
07400	Renal Dialysis	00100	Cost to Charge Ratio	0.211898	CC Ratio
07400	Renal Dialysis	00200	Inpatient Charges	691,990.	
07400	Renal Dialysis	00300	Inpatient Cost	146,631.	
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	106.359972	CC Ratio
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	9.300201	CC Ratio
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.131411	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	495,885.	07608
07600	Other Ancillary Cost	00300	Inpatient Cost	65,165.	07608
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.106554	CC Ratio
07600	Other Ancillary Cost	00200	Inpatient Charges	316,061.	07698
07600	Other Ancillary Cost	00300	Inpatient Cost	33,678.	07698
09000	Clinic	00100	Cost to Charge Ratio	0.294308	CC Ratio
09000	Clinic	00200	Inpatient Charges	1,400.	09001
09000	Clinic	00300	Inpatient Cost	412.	09001
09000	Clinic	00100	Cost to Charge Ratio	0.064122	CC Ratio
09000	Clinic	00200	Inpatient Charges	6,037,907.	09003
09000	Clinic	00300	Inpatient Cost	387,163.	09003
09000	Clinic	00100	Cost to Charge Ratio	6.203679	CC Ratio
09000	Clinic	00200	Inpatient Charges	536.	09004
09000	Clinic	00300	Inpatient Cost	3,325.	09004
09000	Clinic	00100	Cost to Charge Ratio	22.916633	CC Ratio
09100	Emergency	00100	Cost to Charge Ratio	0.068702	CC Ratio
09100	Emergency	00200	Inpatient Charges	14,627,194.	
09100	Emergency	00300	Inpatient Cost	1,004,917.	
09200	Observation Beds	00100	Cost to Charge Ratio	0.325622	CC Ratio
09200	Observation Beds	00200	Inpatient Charges	1,040,089.	
09200	Observation Beds	00300	Inpatient Cost	338,676.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	144,746,551.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	13,302,796.	
20200	Worksheet D3 Net Charges (Lines 200 minus 201)	00200	Inpatient Charges	144,746,551.	
A19	Hospital Medicaid				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	29,600,502.	
03100	Intensive Care Unit	00200	Inpatient Charges	5,498,403.	

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
05300	Anesthesiology	00100	Cost to Charge Ratio	0.006033	CC Ratio
05400	Radiology - Diagnositc	00100	Cost to Charge Ratio	0.030835	CC Ratio
05400	Radiology - Diagnositc	00200	Inpatient Charges	162,350.	
05400	Radiology - Diagnositc	00300	Inpatient Cost	5,006.	
05400	Radiology - Diagnositc	00100	Cost to Charge Ratio	0.045561	CC Ratio
05400	Radiology - Diagnositc	00100	Cost to Charge Ratio	0.316641	CC Ratio
05600	Radioisotope	00100	Cost to Charge Ratio	0.342242	CC Ratio
06000	Laboratory	00100	Cost to Charge Ratio	0.060663	CC Ratio
06000	Laboratory	00200	Inpatient Charges	621,675.	
06000	Laboratory	00300	Inpatient Cost	37,713.	
06500	Respiratory Therapy	00100	Cost to Charge Ratio	0.060781	CC Ratio
06500	Respiratory Therapy	00200	Inpatient Charges	6,916.	
06500	Respiratory Therapy	00300	Inpatient Cost	420.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.162937	CC Ratio
06600	Physical Therapy	00200	Inpatient Charges	17,380.	
06600	Physical Therapy	00300	Inpatient Cost	2,832.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.402469	CC Ratio
06900	Electrocardiology	00100	Cost to Charge Ratio	0.022039	CC Ratio
06900	Electrocardiology	00200	Inpatient Charges	17,240.	
06900	Electrocardiology	00300	Inpatient Cost	380.	
06900	Electrocardiology	00100	Cost to Charge Ratio	0.037353	CC Ratio
07000	Electroencephalography	00100	Cost to Charge Ratio	0.072172	CC Ratio
07100	Medical Supplies Charged to Patients	00100	Cost to Charge Ratio	0.201427	CC Ratio
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	3,523.	
07100	Medical Supplies Charged to Patients	00300	Inpatient Cost	710.	
07200	Implantable Devices Charged to Patients	00100	Cost to Charge Ratio	0.199127	CC Ratio
07300	Drugs Charged to Patients	00100	Cost to Charge Ratio	0.092396	CC Ratio
07300	Drugs Charged to Patients	00200	Inpatient Charges	666,418.	
07300	Drugs Charged to Patients	00300	Inpatient Cost	61,574.	
07400	Renal Dialysis	00100	Cost to Charge Ratio	0.211898	CC Ratio
07400	Renal Dialysis	00200	Inpatient Charges	13,643.	
07400	Renal Dialysis	00300	Inpatient Cost	2,891.	
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	106.359972	CC Ratio
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	9.300201	CC Ratio

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.131411	CC Ratio
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.106554	CC Ratio
09000	Clinic	00100	Cost to Charge Ratio	0.294308	CC Ratio
09000	Clinic	00100	Cost to Charge Ratio	0.064122	CC Ratio
09000	Clinic	00100	Cost to Charge Ratio	6.203679	CC Ratio
09000	Clinic	00100	Cost to Charge Ratio	22.916633	CC Ratio
09100	Emergency	00100	Cost to Charge Ratio	0.068702	CC Ratio
09100	Emergency	00200	Inpatient Charges	454,098.	
09100	Emergency	00300	Inpatient Cost	31,197.	
09200	Observation Beds	00100	Cost to Charge Ratio	0.325622	CC Ratio
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	1,963,243.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	142,723.	
20200	Worksheet D3 Net Charges (Lines 200 minus 201)	00200	Inpatient Charges	1,963,243.	
B19	IPF Medicaid				
04000	Subprovider - IPF	00200	Inpatient Charges	2,873,108.	
C18	IRF Medicare				
04100	Subprovider - IRF	00200	Inpatient Charges	4,361,051.	
05000	Operating Room	00100	Cost to Charge Ratio	0.094487	CC Ratio
05000	Operating Room	00200	Inpatient Charges	41,075.	
05000	Operating Room	00300	Inpatient Cost	3,881.	
05100	Recovery Room	00100	Cost to Charge Ratio	0.107236	CC Ratio
05200	Delivery Room and Labor Room	00100	Cost to Charge Ratio	0.152871	CC Ratio
05300	Anesthesiology	00100	Cost to Charge Ratio	0.006033	CC Ratio
05300	Anesthesiology	00200	Inpatient Charges	618.	
05300	Anesthesiology	00300	Inpatient Cost	4.	
05400	Radiology - Diagnostc	00100	Cost to Charge Ratio	0.030835	CC Ratio
05400	Radiology - Diagnostc	00200	Inpatient Charges	516,673.	
05400	Radiology - Diagnostc	00300	Inpatient Cost	15,932.	
05400	Radiology - Diagnostc	00100	Cost to Charge Ratio	0.045561	CC Ratio
05400	Radiology - Diagnostc	00100	Cost to Charge Ratio	0.316641	CC Ratio
05400	Radiology - Diagnostc	00200	Inpatient Charges	7,663.	05402
05400	Radiology - Diagnostc	00300	Inpatient Cost	2,426.	05402
05600	Radioisotope	00100	Cost to Charge Ratio	0.342242	CC Ratio

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
05600	Radioisotope	00200	Inpatient Charges	6,849.	
05600	Radioisotope	00300	Inpatient Cost	2,344.	
06000	Laboratory	00100	Cost to Charge Ratio	0.060663	CC Ratio
06000	Laboratory	00200	Inpatient Charges	1,006,696.	
06000	Laboratory	00300	Inpatient Cost	61,069.	
06500	Respiratory Therapy	00100	Cost to Charge Ratio	0.060781	CC Ratio
06500	Respiratory Therapy	00200	Inpatient Charges	453,609.	
06500	Respiratory Therapy	00300	Inpatient Cost	27,571.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.162937	CC Ratio
06600	Physical Therapy	00200	Inpatient Charges	4,313,419.	
06600	Physical Therapy	00300	Inpatient Cost	702,816.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.402469	CC Ratio
06900	Electrocardiology	00100	Cost to Charge Ratio	0.022039	CC Ratio
06900	Electrocardiology	00200	Inpatient Charges	373,838.	
06900	Electrocardiology	00300	Inpatient Cost	8,239.	
06900	Electrocardiology	00100	Cost to Charge Ratio	0.037353	CC Ratio
07000	Electroencephalography	00100	Cost to Charge Ratio	0.072172	CC Ratio
07100	Medical Supplies Charged to Patients	00100	Cost to Charge Ratio	0.201427	CC Ratio
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	281,623.	
07100	Medical Supplies Charged to Patients	00300	Inpatient Cost	56,726.	
07200	Implantable Devices Charged to Patients	00100	Cost to Charge Ratio	0.199127	CC Ratio
07300	Drugs Charged to Patients	00100	Cost to Charge Ratio	0.092396	CC Ratio
07300	Drugs Charged to Patients	00200	Inpatient Charges	2,106,940.	
07300	Drugs Charged to Patients	00300	Inpatient Cost	194,673.	
07400	Renal Dialysis	00100	Cost to Charge Ratio	0.211898	CC Ratio
07400	Renal Dialysis	00200	Inpatient Charges	103,894.	
07400	Renal Dialysis	00300	Inpatient Cost	22,015.	
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	106.359972	CC Ratio
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	9.300201	CC Ratio
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.131411	CC Ratio
07600	Other Ancillary Cost	00100	Cost to Charge Ratio	0.106554	CC Ratio
09000	Clinic	00100	Cost to Charge Ratio	0.294308	CC Ratio
09000	Clinic	00100	Cost to Charge Ratio	0.064122	CC Ratio
09000	Clinic	00100	Cost to Charge Ratio	6.203679	CC Ratio

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D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
09000	Clinic	00100	Cost to Charge Ratio	22.916633	CC Ratio
09100	Emergency	00100	Cost to Charge Ratio	0.068702	CC Ratio
09200	Observation Beds	00100	Cost to Charge Ratio	0.325622	CC Ratio
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	9,212,897.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	1,097,696.	
20200	Worksheet D3 Net Charges (Lines 200 minus 201)	00200	Inpatient Charges	9,212,897.	
C19	IRF Medicaid				
04100	Subprovider - IRF	00200	Inpatient Charges	680,691.	

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D00	Wkst D Apportionment of Costs				
1	Part 1 - Apportionment of Inpatient Routine - Service Capital Costs				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00100	Capital Related Cost	1,597,549.	
03000	Adults and Pediatrics - General Routine Care	00300	Net Capital Related Cost	1,597,549.	
03000	Adults and Pediatrics - General Routine Care	00400	Total Patient Days	18,931.	Days
03000	Adults and Pediatrics - General Routine Care	00500	Per Diem	84.39	Per Diem
03000	Adults and Pediatrics - General Routine Care	00600	Inpatient Program Days	8,109.	Days
03000	Adults and Pediatrics - General Routine Care	00700	Inpatient Capital Cost	684,319.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00100	Capital Related Cost	1,597,549.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00300	Net Capital Related Cost	1,597,549.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00400	Total Patient Days	18,931.	Days
20000	Worksheet D Part 1 Total (Lines 30-199)	00600	Inpatient Program Days	8,109.	Days
20000	Worksheet D Part 1 Total (Lines 30-199)	00700	Inpatient Capital Cost	684,319.	
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
A18	Hospital Medicare				
05000	Operating Room	00100	Capital Related Cost	92,349.	
05000	Operating Room	00200	Total Charges	1,197,161.	
05000	Operating Room	00300	Cost to Charge Ratio	0.077140	Ratio
05000	Operating Room	00400	Inpatient Charges	562,341.	
05000	Operating Room	00500	Capital Costs	43,379.	
05400	Radiology - Diagnositc	00100	Capital Related Cost	26,255.	

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05400	Radiology - Diagnositc	00200	Total Charges	1,932,168.	
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.013588	Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	885,480.	
05400	Radiology - Diagnositc	00500	Capital Costs	12,032.	
06000	Laboratory	00100	Capital Related Cost	27,926.	
06000	Laboratory	00200	Total Charges	4,342,608.	
06000	Laboratory	00300	Cost to Charge Ratio	0.006431	Ratio
06000	Laboratory	00400	Inpatient Charges	1,907,637.	
06000	Laboratory	00500	Capital Costs	12,268.	
06500	Respiratory Therapy	00100	Capital Related Cost	203,997.	
06500	Respiratory Therapy	00200	Total Charges	38,515,960.	
06500	Respiratory Therapy	00300	Cost to Charge Ratio	0.005296	Ratio
06500	Respiratory Therapy	00400	Inpatient Charges	15,181,927.	
06500	Respiratory Therapy	00500	Capital Costs	80,403.	
06600	Physical Therapy	00100	Capital Related Cost	62,905.	
06600	Physical Therapy	00200	Total Charges	1,355,894.	
06600	Physical Therapy	00300	Cost to Charge Ratio	0.046394	Ratio
06600	Physical Therapy	00400	Inpatient Charges	612,496.	
06600	Physical Therapy	00500	Capital Costs	28,416.	
06700	Occupational Therapy	00100	Capital Related Cost	12,322.	
06700	Occupational Therapy	00200	Total Charges	1,064,891.	
06700	Occupational Therapy	00300	Cost to Charge Ratio	0.011571	Ratio
06700	Occupational Therapy	00400	Inpatient Charges	489,673.	
06700	Occupational Therapy	00500	Capital Costs	5,666.	
06800	Speech Pathology	00100	Capital Related Cost	7,372.	
06800	Speech Pathology	00200	Total Charges	951,171.	
06800	Speech Pathology	00300	Cost to Charge Ratio	0.007750	Ratio
06800	Speech Pathology	00400	Inpatient Charges	499,102.	
06800	Speech Pathology	00500	Capital Costs	3,868.	
06900	Electrocardiology	00100	Capital Related Cost	1,787.	
06900	Electrocardiology	00200	Total Charges	6,601,186.	
06900	Electrocardiology	00300	Cost to Charge Ratio	0.000271	Ratio
06900	Electrocardiology	00400	Inpatient Charges	2,815,414.	

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102023	SSH - PALM BEACH LLC LAKE WORTH, FL	33461			

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D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
06900	Electrocardiology	00500	Capital Costs	763.	
07100	Medical Supplies Charged to Patients	00100	Capital Related Cost	640,777.	
07100	Medical Supplies Charged to Patients	00200	Total Charges	12,578,612.	
07100	Medical Supplies Charged to Patients	00300	Cost to Charge Ratio	0.050942	Ratio
07100	Medical Supplies Charged to Patients	00400	Inpatient Charges	5,223,367.	
07100	Medical Supplies Charged to Patients	00500	Capital Costs	266,089.	
07300	Drugs Charged to Patients	00100	Capital Related Cost	92,137.	
07300	Drugs Charged to Patients	00200	Total Charges	11,848,769.	
07300	Drugs Charged to Patients	00300	Cost to Charge Ratio	0.007776	Ratio
07300	Drugs Charged to Patients	00400	Inpatient Charges	4,786,450.	
07300	Drugs Charged to Patients	00500	Capital Costs	37,219.	
07400	Renal Dialysis	00100	Capital Related Cost	21,496.	
07400	Renal Dialysis	00200	Total Charges	2,492,489.	
07400	Renal Dialysis	00300	Cost to Charge Ratio	0.008624	Ratio
07400	Renal Dialysis	00400	Inpatient Charges	742,564.	
07400	Renal Dialysis	00500	Capital Costs	6,404.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00100	Capital Related Cost	1,189,323.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00200	Total Charges	82,880,909.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00400	Inpatient Charges	33,706,451.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00500	Capital Costs	496,507.	
3	Part 3 - Apportionment of Inpatient Routine Service - Other Pass Through Cost				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00600	Total Patient Days	18,931.	Days
03000	Adults and Pediatrics - General Routine Care	00800	Program Inpatient Days	8,109.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00600	Total Patient Days	18,931.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00800	Program Inpatient Days	8,109.	Days
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
A18	Hospital Medicare				
05000	Operating Room	00700	Total Charges	1,197,161.	
05000	Operating Room	01000	Inpatient Charges	562,341.	
05400	Radiology - Diagnositc	00700	Total Charges	1,932,168.	
05400	Radiology - Diagnositc	01000	Inpatient Charges	885,480.	

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

D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
06000	Laboratory	00700	Total Charges	4,342,608.	
06000	Laboratory	01000	Inpatient Charges	1,907,637.	
06500	Respiratory Therapy	00700	Total Charges	38,515,960.	
06500	Respiratory Therapy	01000	Inpatient Charges	15,181,927.	
06600	Physical Therapy	00700	Total Charges	1,355,894.	
06600	Physical Therapy	01000	Inpatient Charges	612,496.	
06700	Occupational Therapy	00700	Total Charges	1,064,891.	
06700	Occupational Therapy	01000	Inpatient Charges	489,673.	
06800	Speech Pathology	00700	Total Charges	951,171.	
06800	Speech Pathology	01000	Inpatient Charges	499,102.	
06900	Electrocardiology	00700	Total Charges	6,601,186.	
06900	Electrocardiology	01000	Inpatient Charges	2,815,414.	
07100	Medical Supplies Charged to Patients	00700	Total Charges	12,578,612.	
07100	Medical Supplies Charged to Patients	01000	Inpatient Charges	5,223,367.	
07300	Drugs Charged to Patients	00700	Total Charges	11,848,769.	
07300	Drugs Charged to Patients	01000	Inpatient Charges	4,786,450.	
07400	Renal Dialysis	00700	Total Charges	2,492,489.	
07400	Renal Dialysis	01000	Inpatient Charges	742,564.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00700	Total Charges	82,880,909.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01000	Inpatient Charges	33,706,451.	
D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
A18	Hospital Medicare				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	18,931.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	18,931.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	18,931.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	8,109.	Days
02100	Total General Inpatient Routine Service Cost	00100	Inpatient Amount	18,827,330.	
02700	General Inpatient Routine Service Cost Net of Swing-Bed Cost (Line 21 Minus Line 26).	00100	Inpatient Amount	18,827,330.	

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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

D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
03700	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	18,827,330.	
03800	Adjusted General Inpatient Routine Service Cost Per Diem	00100	Inpatient Amount	994.52	Per Diem
03900	Program General Inpatient Routine Service Cost (Line 9 Times Line 38)	00100	Inpatient Amount	8,064,563.	
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	8,064,563.	
04800	Program Inpatient Ancillary Service Cost (Worksteet D-4 Column 03 Line 101)	00100	Inpatient Amount	5,660,592.	
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	13,725,155.	
05000	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 1 and 3).	00100	Inpatient Amount	684,319.	
05100	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 2 and 4).	00100	Inpatient Amount	496,507.	
05200	Total Program Excluded Cost (Sum of Lines 50 and 51)	00100	Inpatient Amount	1,180,826.	
05300	Total program inpatient operating cost excluding captial related, nonphysician anesthetist and medical education cost (line 4	00100	Inpatient Amount	12,544,329.	
09000	Capital Related Cost	00100	Inpatient Amount	1,597,549.	
09000	Capital Related Cost	00200	Inpatient Days	18,827,330.	Days
09000	Capital Related Cost	00300	Average Per Diem	0.08	Per Diem
09100	Nursing School Cost	00200	Inpatient Days	18,827,330.	Days
09200	Allied Health Cost	00200	Inpatient Days	18,827,330.	Days
09300	All Other Medical Education	00200	Inpatient Days	18,827,330.	Days
A19	Hospital Medicaid				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	18,931.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	18,931.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	18,931.	Days

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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

D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	25,309,313.	
05000	Operating Room	00100	Cost to Charge Ratio	0.773142	CC Ratio
05000	Operating Room	00200	Inpatient Charges	562,341.	
05000	Operating Room	00300	Inpatient Cost	434,769.	
05400	Radiology - Diagnostc	00100	Cost to Charge Ratio	0.219067	CC Ratio
05400	Radiology - Diagnostc	00200	Inpatient Charges	885,480.	
05400	Radiology - Diagnostc	00300	Inpatient Cost	193,979.	
06000	Laboratory	00100	Cost to Charge Ratio	0.212042	CC Ratio
06000	Laboratory	00200	Inpatient Charges	1,907,637.	
06000	Laboratory	00300	Inpatient Cost	404,499.	
06500	Respiratory Therapy	00100	Cost to Charge Ratio	0.065655	CC Ratio
06500	Respiratory Therapy	00200	Inpatient Charges	15,181,927.	
06500	Respiratory Therapy	00300	Inpatient Cost	996,769.	
06600	Physical Therapy	00100	Cost to Charge Ratio	0.683959	CC Ratio
06600	Physical Therapy	00200	Inpatient Charges	612,496.	
06600	Physical Therapy	00300	Inpatient Cost	418,922.	
06700	Occupational Therapy	00100	Cost to Charge Ratio	0.442273	CC Ratio
06700	Occupational Therapy	00200	Inpatient Charges	489,673.	
06700	Occupational Therapy	00300	Inpatient Cost	216,569.	
06800	Speech Pathology	00100	Cost to Charge Ratio	0.298610	CC Ratio
06800	Speech Pathology	00200	Inpatient Charges	499,102.	
06800	Speech Pathology	00300	Inpatient Cost	149,037.	
06900	Electrocardiology	00100	Cost to Charge Ratio	0.008144	CC Ratio
06900	Electrocardiology	00200	Inpatient Charges	2,815,414.	
06900	Electrocardiology	00300	Inpatient Cost	22,929.	
07100	Medical Supplies Charged to Patients	00100	Cost to Charge Ratio	0.266120	CC Ratio
07100	Medical Supplies Charged to Patients	00200	Inpatient Charges	5,223,367.	
07100	Medical Supplies Charged to Patients	00300	Inpatient Cost	1,390,042.	
07300	Drugs Charged to Patients	00100	Cost to Charge Ratio	0.253827	CC Ratio
07300	Drugs Charged to Patients	00200	Inpatient Charges	4,786,450.	
07300	Drugs Charged to Patients	00300	Inpatient Cost	1,214,930.	
07400	Renal Dialysis	00100	Cost to Charge Ratio	0.293776	CC Ratio
07400	Renal Dialysis	00200	Inpatient Charges	742,564.	

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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

D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
07400	Renal Dialysis	00300	Inpatient Cost	218,147.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	33,706,451.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	5,660,592.	
20200	Worksheet D3 Net Charges (Lines 200 minus 201)	00200	Inpatient Charges	33,706,451.	

102025 KINDRED HOSPITAL THE PALM BEACHES RIVIERA BEACH, FL 33418

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

D00	Wkst D Apportionment of Costs				
1	Part 1 - Apportionment of Inpatient Routine - Service Capital Costs				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00100	Capital Related Cost	1,469,963.	
03000	Adults and Pediatrics - General Routine Care	00300	Net Capital Related Cost	1,469,963.	
03000	Adults and Pediatrics - General Routine Care	00400	Total Patient Days	14,249.	Days
03000	Adults and Pediatrics - General Routine Care	00500	Per Diem	103.16	Per Diem
03000	Adults and Pediatrics - General Routine Care	00600	Inpatient Program Days	6,924.	Days
03000	Adults and Pediatrics - General Routine Care	00700	Inpatient Capital Cost	714,280.	
03100	Intensive Care Unit	00100	Capital Related Cost	254,375.	
03100	Intensive Care Unit	00300	Net Capital Related Cost	254,375.	
03100	Intensive Care Unit	00400	Total Patient Days	2,777.	Days
03100	Intensive Care Unit	00500	Per Diem	91.60	Per Diem
03100	Intensive Care Unit	00600	Inpatient Program Days	1,696.	Days
03100	Intensive Care Unit	00700	Inpatient Capital Cost	155,354.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00100	Capital Related Cost	1,724,338.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00300	Net Capital Related Cost	1,724,338.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00400	Total Patient Days	17,026.	Days
20000	Worksheet D Part 1 Total (Lines 30-199)	00600	Inpatient Program Days	8,620.	Days
20000	Worksheet D Part 1 Total (Lines 30-199)	00700	Inpatient Capital Cost	869,634.	
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
A18	Hospital Medicare				
05000	Operating Room	00100	Capital Related Cost	77,312.	
05000	Operating Room	00200	Total Charges	2,504,177.	
05000	Operating Room	00300	Cost to Charge Ratio	0.030873	Ratio
05000	Operating Room	00400	Inpatient Charges	943,021.	

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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
05000	Operating Room	00500	Capital Costs	29,114.	
05400	Radiology - Diagnositc	00100	Capital Related Cost	33,981.	
05400	Radiology - Diagnositc	00200	Total Charges	5,218,231.	
05400	Radiology - Diagnositc	00300	Cost to Charge Ratio	0.006512	Ratio
05400	Radiology - Diagnositc	00400	Inpatient Charges	2,700,532.	
05400	Radiology - Diagnositc	00500	Capital Costs	17,586.	
06000	Laboratory	00100	Capital Related Cost	65,617.	
06000	Laboratory	00200	Total Charges	16,891,885.	
06000	Laboratory	00300	Cost to Charge Ratio	0.003885	Ratio
06000	Laboratory	00400	Inpatient Charges	9,031,321.	
06000	Laboratory	00500	Capital Costs	35,087.	
06500	Respiratory Therapy	00100	Capital Related Cost	135,575.	
06500	Respiratory Therapy	00200	Total Charges	27,069,094.	
06500	Respiratory Therapy	00300	Cost to Charge Ratio	0.005008	Ratio
06500	Respiratory Therapy	00400	Inpatient Charges	13,007,876.	
06500	Respiratory Therapy	00500	Capital Costs	65,143.	
06600	Physical Therapy	00100	Capital Related Cost	100,325.	
06600	Physical Therapy	00200	Total Charges	11,264,236.	
06600	Physical Therapy	00300	Cost to Charge Ratio	0.008907	Ratio
06600	Physical Therapy	00400	Inpatient Charges	5,889,838.	
06600	Physical Therapy	00500	Capital Costs	52,461.	
07100	Medical Supplies Charged to Patients	00100	Capital Related Cost	22,711.	
07100	Medical Supplies Charged to Patients	00200	Total Charges	2,671,882.	
07100	Medical Supplies Charged to Patients	00300	Cost to Charge Ratio	0.008500	Ratio
07100	Medical Supplies Charged to Patients	00400	Inpatient Charges	1,199,863.	
07100	Medical Supplies Charged to Patients	00500	Capital Costs	10,199.	
07300	Drugs Charged to Patients	00100	Capital Related Cost	122,271.	
07300	Drugs Charged to Patients	00200	Total Charges	20,400,170.	
07300	Drugs Charged to Patients	00300	Cost to Charge Ratio	0.005994	Ratio
07300	Drugs Charged to Patients	00400	Inpatient Charges	10,399,461.	
07300	Drugs Charged to Patients	00500	Capital Costs	62,334.	
07400	Renal Dialysis	00100	Capital Related Cost	11,801.	
07400	Renal Dialysis	00200	Total Charges	4,091,655.	

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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

D00	Wkst D Apportionment of Costs				
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
07400	Renal Dialysis	00300	Cost to Charge Ratio	0.002884	Ratio
07400	Renal Dialysis	00400	Inpatient Charges	2,439,783.	
07400	Renal Dialysis	00500	Capital Costs	7,036.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00100	Capital Related Cost	569,593.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00200	Total Charges	90,111,330.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00400	Inpatient Charges	45,611,695.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00500	Capital Costs	278,960.	
3	Part 3 - Apportionment of Inpatient Routine Service - Other Pass Through Cost				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00600	Total Patient Days	14,249.	Days
03000	Adults and Pediatrics - General Routine Care	00800	Program Inpatient Days	6,924.	Days
03100	Intensive Care Unit	00600	Total Patient Days	2,777.	Days
03100	Intensive Care Unit	00800	Program Inpatient Days	1,696.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00600	Total Patient Days	17,026.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00800	Program Inpatient Days	8,620.	Days
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
A18	Hospital Medicare				
05000	Operating Room	00700	Total Charges	2,504,177.	
05000	Operating Room	01000	Inpatient Charges	943,021.	
05400	Radiology - Diagnostc	00700	Total Charges	5,218,231.	
05400	Radiology - Diagnostc	01000	Inpatient Charges	2,700,532.	
06000	Laboratory	00700	Total Charges	16,891,885.	
06000	Laboratory	01000	Inpatient Charges	9,031,321.	
06500	Respiratory Therapy	00700	Total Charges	27,069,094.	
06500	Respiratory Therapy	01000	Inpatient Charges	13,007,876.	
06600	Physical Therapy	00700	Total Charges	11,264,236.	
06600	Physical Therapy	01000	Inpatient Charges	5,889,838.	
07100	Medical Supplies Charged to Patients	00700	Total Charges	2,671,882.	
07100	Medical Supplies Charged to Patients	01000	Inpatient Charges	1,199,863.	
07300	Drugs Charged to Patients	00700	Total Charges	20,400,170.	
07300	Drugs Charged to Patients	01000	Inpatient Charges	10,399,461.	
07400	Renal Dialysis	00700	Total Charges	4,091,655.	

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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

D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
07400	Renal Dialysis	01000	Inpatient Charges	2,439,783.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00700	Total Charges	90,111,330.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01000	Inpatient Charges	45,611,695.	
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
A18	Hospital Medicare				
05000	Operating Room	00100	CC Ratio Wkst C Part 1	0.207995	CC Ratio
05400	Radiology - Diagnostc	00100	CC Ratio Wkst C Part 1	0.092194	CC Ratio
05400	Radiology - Diagnostc	00300	Cost Reimb Svcs - Co-Ins	35,384.	Charges
05400	Radiology - Diagnostc	00600	Cost Reimb Svcs - Co-Ins	3,262.	Cost
06000	Laboratory	00100	CC Ratio Wkst C Part 1	0.063000	CC Ratio
06000	Laboratory	00300	Cost Reimb Svcs - Co-Ins	820.	Charges
06000	Laboratory	00600	Cost Reimb Svcs - Co-Ins	52.	Cost
06500	Respiratory Therapy	00100	CC Ratio Wkst C Part 1	0.082074	CC Ratio
06500	Respiratory Therapy	00300	Cost Reimb Svcs - Co-Ins	57,166.	Charges
06500	Respiratory Therapy	00600	Cost Reimb Svcs - Co-Ins	4,692.	Cost
06600	Physical Therapy	00100	CC Ratio Wkst C Part 1	0.141520	CC Ratio
07100	Medical Supplies Charged to Patients	00100	CC Ratio Wkst C Part 1	0.205644	CC Ratio
07100	Medical Supplies Charged to Patients	00300	Cost Reimb Svcs - Co-Ins	7,989.	Charges
07100	Medical Supplies Charged to Patients	00600	Cost Reimb Svcs - Co-Ins	1,643.	Cost
07300	Drugs Charged to Patients	00100	CC Ratio Wkst C Part 1	0.133027	CC Ratio
07400	Renal Dialysis	00100	CC Ratio Wkst C Part 1	0.187755	CC Ratio
07400	Renal Dialysis	00300	Cost Reimb Svcs - Co-Ins	106,886.	Charges
07400	Renal Dialysis	00600	Cost Reimb Svcs - Co-Ins	20,068.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00300	Cost Reimb Svcs - Co-Ins	208,245.	Charges

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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

D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00600	Cost Reimb Svcs - Co-Ins	29,717.	Cost
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00300	Cost Reimb Svcs - Co-Ins	208,245.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00600	Cost Reimb Svcs - Co-Ins	29,717.	Cost
D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
A18	Hospital Medicare				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	14,249.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	14,249.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	14,249.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	6,924.	Days
02100	Total General Inpatient Routine Service Cost	00100	Inpatient Amount	11,767,220.	
02700	General Inpatient Routine Service Cost Net of Swing-Bed Cost (Line 21 Minus Line 26).	00100	Inpatient Amount	11,767,220.	
03700	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	11,767,220.	
03800	Adjusted General Inpatient Routine Service Cost Per Diem	00100	Inpatient Amount	825.83	Per Diem
03900	Program General Inpatient Routine Service Cost (Line 9 Times Line 38)	00100	Inpatient Amount	5,718,047.	
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	5,718,047.	
04300	Intensive Care Unit	00100	Inpatient Amount	2,939,525.	
04300	Intensive Care Unit	00200	Inpatient Days	2,777.	Days
04300	Intensive Care Unit	00300	Average Per Diem	1,058.53	Per Diem
04300	Intensive Care Unit	00400	Program Days	1,696.	Days
04300	Intensive Care Unit	00500	Program Cost	1,795,267.	

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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

D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
04800	Program Inpatient Ancillary Service Cost (Worksteet D-4 Column 03 Line 101)	00100	Inpatient Amount	5,003,554.	
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	12,516,868.	
05000	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 1 and 3).	00100	Inpatient Amount	869,634.	
05100	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 2 and 4).	00100	Inpatient Amount	278,960.	
05200	Total Program Excluded Cost (Sum of Lines 50 and 51)	00100	Inpatient Amount	1,148,594.	
05300	Total program inpatient operating cost excluding captial related, nonphysician anesthetist and medical education cost (line 4	00100	Inpatient Amount	11,368,274.	
09000	Capital Related Cost	00100	Inpatient Amount	1,469,963.	
09000	Capital Related Cost	00200	Inpatient Days	11,767,220.	Days
09000	Capital Related Cost	00300	Average Per Diem	0.12	Per Diem
09100	Nursing School Cost	00200	Inpatient Days	11,767,220.	Days
09200	Allied Health Cost	00200	Inpatient Days	11,767,220.	Days
09300	All Other Medical Education	00200	Inpatient Days	11,767,220.	Days
A19	Hospital Medicaid				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	14,249.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	14,249.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	14,249.	Days
D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	17,790,448.	
03100	Intensive Care Unit	00200	Inpatient Charges	5,134,322.	
05000	Operating Room	00100	Cost to Charge Ratio	0.207995	CC Ratio
05000	Operating Room	00200	Inpatient Charges	943,021.	
05000	Operating Room	00300	Inpatient Cost	196,144.	
05400	Radiology - Diagnostc	00100	Cost to Charge Ratio	0.092194	CC Ratio

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

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

D00	Wkst D Apportionment of Costs				
1	Part 1 - Apportionment of Inpatient Routine - Service Capital Costs				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00100	Capital Related Cost	189,099.	
03000	Adults and Pediatrics - General Routine Care	00300	Net Capital Related Cost	189,099.	
03000	Adults and Pediatrics - General Routine Care	00400	Total Patient Days	13,389.	Days
03000	Adults and Pediatrics - General Routine Care	00500	Per Diem	14.12	Per Diem

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

D00	Wkst D Apportionment of Costs				
1	Part 1 - Apportionment of Inpatient Routine - Service Capital Costs				
03000	Adults and Pediatrics - General Routine Care	00600	Inpatient Program Days	1,844.	Days
03000	Adults and Pediatrics - General Routine Care	00700	Inpatient Capital Cost	26,037.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00100	Capital Related Cost	189,099.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00300	Net Capital Related Cost	189,099.	
20000	Worksheet D Part 1 Total (Lines 30-199)	00400	Total Patient Days	13,389.	Days
20000	Worksheet D Part 1 Total (Lines 30-199)	00600	Inpatient Program Days	1,844.	Days
20000	Worksheet D Part 1 Total (Lines 30-199)	00700	Inpatient Capital Cost	26,037.	
2	Part 2 - Apportionment of Inpatient Ancillary - Service Capital Costs				
A18	Hospital Medicare				
06000	Laboratory	00200	Total Charges	75.	
06000	Laboratory	00100	Capital Related Cost	8,386.	06001
06000	Laboratory	00200	Total Charges	618,389.	06001
06000	Laboratory	00300	Cost to Charge Ratio	0.013561	Ratio
07300	Drugs Charged to Patients	00100	Capital Related Cost	628,501.	
07300	Drugs Charged to Patients	00200	Total Charges	777,387.	
07300	Drugs Charged to Patients	00300	Cost to Charge Ratio	0.808479	Ratio
09800	Other Reimbursable Cost Centers	00100	Capital Related Cost	54,194.	
09800	Other Reimbursable Cost Centers	00200	Total Charges	4,207,622.	
09800	Other Reimbursable Cost Centers	00300	Cost to Charge Ratio	0.012880	Ratio
09800	Other Reimbursable Cost Centers	00400	Inpatient Charges	56,800.	
09800	Other Reimbursable Cost Centers	00500	Capital Costs	732.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00100	Capital Related Cost	691,081.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00200	Total Charges	5,603,473.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00400	Inpatient Charges	56,800.	
20000	Worksheet D Part 2 Total (Lines 50 to 199)	00500	Capital Costs	732.	
3	Part 3 - Apportionment of Inpatient Routine Service - Other Pass Through Cost				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00600	Total Patient Days	13,389.	Days
03000	Adults and Pediatrics - General Routine Care	00800	Program Inpatient Days	1,844.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00600	Total Patient Days	13,389.	Days
20000	Worksheet D Part 3 Total (Lines 30-199)	00800	Program Inpatient Days	1,844.	Days

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D00	Wkst D Apportionment of Costs				
4	Part 4 - Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
A18	Hospital Medicare				
06000	Laboratory	00700	Total Charges	75.	
06000	Laboratory	01200	Outpatient Charges	75.	
06000	Laboratory	00700	Total Charges	618,389.	06001
06000	Laboratory	01200	Outpatient Charges	133,328.	06001
07300	Drugs Charged to Patients	00700	Total Charges	777,387.	
09800	Other Reimbursable Cost Centers	00700	Total Charges	4,207,622.	
09800	Other Reimbursable Cost Centers	01000	Inpatient Charges	56,800.	
09800	Other Reimbursable Cost Centers	01200	Outpatient Charges	1,046,821.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	00700	Total Charges	5,603,473.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01000	Inpatient Charges	56,800.	
20000	Worksheet D Part 4 Total (Lines 50 to 199)	01200	Outpatient Charges	1,180,224.	
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
A18	Hospital Medicare				
06000	Laboratory	00100	CC Ratio Wkst C Part 1	0.613333	CC Ratio
06000	Laboratory	00200	PPS Reimbrused Services	75.	Charges
06000	Laboratory	00500	PPS Reimbrused Services	46.	Cost
06000	Laboratory	00100	CC Ratio Wkst C Part 1	0.361992	CC Ratio
06000	Laboratory	00200	PPS Reimbrused Services	133,328.	Charges
06000	Laboratory	00500	PPS Reimbrused Services	48,264.	Cost
07300	Drugs Charged to Patients	00100	CC Ratio Wkst C Part 1	3.738552	CC Ratio
09800	Other Reimbursable Cost Centers	00100	CC Ratio Wkst C Part 1	0.687783	CC Ratio
09800	Other Reimbursable Cost Centers	00200	PPS Reimbrused Services	1,046,821.	Charges
09800	Other Reimbursable Cost Centers	00500	PPS Reimbrused Services	719,986.	Cost
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00200	PPS Reimbrused Services	1,180,224.	Charges
20000	Worksheet D Part 5 Total (Lines 50 to 199)	00500	PPS Reimbrused Services	768,296.	Cost

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D00	Wkst D Apportionment of Costs				
5	Part 5 - Apportionment of Medical and Other Health Service Cost				
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00200	PPS Reimbrused Services	1,180,224.	Charges
20200	Worksheet D Part 5 Net Charges (Lines 200 minus 201)	00500	PPS Reimbrused Services	768,296.	Cost
D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
A18	Hospital Medicare				
00100	Inpatient Days (Including Private Room Days and Swing-Bed Days, Excluding Newborn)	00100	Inpatient Amount	13,389.	Days
00200	Inpatient Days (Including Private Room Days and Excluding Swing-Bed Days and Newborn)	00100	Inpatient Amount	13,389.	Days
00400	Semi-Private Room Days	00100	Inpatient Amount	13,389.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and newborn days).	00100	Inpatient Amount	1,844.	Days
02100	Total General Inpatient Routine Service Cost	00100	Inpatient Amount	7,568,991.	
02700	General Inpatient Routine Service Cost Net of Swing-Bed Cost (Line 21 Minus Line 26).	00100	Inpatient Amount	7,568,991.	
03700	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	7,568,991.	
03800	Adjusted General Inpatient Routine Service Cost Per Diem	00100	Inpatient Amount	565.31	Per Diem
03900	Program General Inpatient Routine Service Cost (Line 9 Times Line 38)	00100	Inpatient Amount	1,042,432.	
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36).	00100	Inpatient Amount	1,042,432.	
04800	Program Inpatient Ancillary Service Cost (Worksteet D-4 Column 03 Line 101)	00100	Inpatient Amount	39,066.	
04900	Total Program Inpatient Cost (Sum of Lines 41 to 48)	00100	Inpatient Amount	1,081,498.	
05000	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 1 and 3).	00100	Inpatient Amount	26,037.	

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D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 - All Provider Components				
05100	Pass through cost applicable to program inpatient routine services (Wkst D sum of Parts 2 and 4).	00100	Inpatient Amount	732.	
05200	Total Program Excluded Cost (Sum of Lines 50 and 51)	00100	Inpatient Amount	26,769.	
05300	Total program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education cost (line 4	00100	Inpatient Amount	1,054,729.	
09000	Capital Related Cost	00100	Inpatient Amount	189,099.	
09000	Capital Related Cost	00200	Inpatient Days	7,568,991.	Days
09000	Capital Related Cost	00300	Average Per Diem	0.03	Per Diem
09100	Nursing School Cost	00200	Inpatient Days	7,568,991.	Days
09200	Allied Health Cost	00200	Inpatient Days	7,568,991.	Days
09300	All Other Medical Education	00200	Inpatient Days	7,568,991.	Days
D30	Wkst D-3 Inpatient Ancillary Service Cost Apportionment				
A18	Hospital Medicare				
03000	Adults and Pediatrics - General Routine Care	00200	Inpatient Charges	1,297,160.	
06000	Laboratory	00100	Cost to Charge Ratio	0.613333	CC Ratio
06000	Laboratory	00100	Cost to Charge Ratio	0.361992	CC Ratio
07300	Drugs Charged to Patients	00100	Cost to Charge Ratio	3.738552	CC Ratio
09800	Other Reimbursable Cost Centers	00100	Cost to Charge Ratio	0.687783	CC Ratio
09800	Other Reimbursable Cost Centers	00200	Inpatient Charges	56,800.	
09800	Other Reimbursable Cost Centers	00300	Inpatient Cost	39,066.	
20000	Worksheet D3 Total (Lines 50 to 199)	00200	Inpatient Charges	56,800.	
20000	Worksheet D3 Total (Lines 50 to 199)	00300	Inpatient Cost	39,066.	
20200	Worksheet D3 Net Charges (Lines 200 minus 201)	00200	Inpatient Charges	56,800.	