

CR Hospital Reference Report 2019

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

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

E00	Wkst E Calculation of Reimbursement Settlement				
A	Part A - Inpatient Hospital Services under PPS				
A18	Hospital Medicare				
00102	DRG Amounts other than outlier payments for discharges occurring after to October 1.	00100	Amounts	57,076,177.	
00204		00100	Amounts	2,783,479.	
00300	Managed Care Simulated Payments.	00100	Amounts	29,886,891.	
00400	Bed days available divided by number of days in the cost reporting period.	00100	Amounts	383.71	Beds
01100	IME Adj - FTE counts for residents in dental and podiatric programs.	00100	Amounts	6.00	FTEs
01200	IME Adj - Current Year Allowable FTEs (See Instructions)	00100	Amounts	6.00	FTEs
01300	IME Adj - Total Allowable FTE Count For Prior Year	00100	Amounts	6.00	FTEs
01400	IME Adj - Total allowable FTE count for the penultimate year if year ended before 9-1-1997.	00100	Amounts	6.00	FTEs
01500	IME Adj - Total (Lines 12 to 14 Divided by Line 03) (See Instructions)	00100	Amounts	6.00	FTEs
01600	IME Adj - Adjustment for residents in initial years of the program.	00100	Amounts	37.24	FTEs
01800	IME Adj - Adjusted Rolling Average FTE Count	00100	Amounts	43.24	FTEs
01900	IME Adj - Current Year Resident to Bed Ratio (Line 18 Divided by Line 04)	00100	Amounts	0.112689	Ratio
02000	IME Adj - Prior Year Resident to Bed Ratio (See Instructions)	00100	Amounts	0.112154	Ratio
02100	IME Adj - Enter the Lesser of Line 19 or Line 20 (See Instructions)	00100	Amounts	0.112154	Ratio
02200	IME Adj -IME Payment Adjustment (See Instructions)	00100	Amounts	3,389,640.	
02201		00100	Amounts	1,774,923.	
02900	IME Adj For Add-on - Total IME Payment (Sum Lines 22 and 28)	00100	Amounts	3,389,640.	
02901		00100	Amounts	1,774,923.	
03000	DHS Adj - Percentage of SSI recipient patient days to Medicare part A patient days (see instructions).	00100	Amounts	3.27%	Percent
03100	DHS Adj - Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part 1.	00100	Amounts	26.78%	Percent

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E00	Wkst E Calculation of Reimbursement Settlement				
A	Part A - Inpatient Hospital Services under PPS				
03200	DHS Adj - Sum of Lines 04 and 4.01	00100	Amounts	30.05%	Percent
03300	DHS Adj - Allowable Disproportionate Share Percentage (see instructions)	00100	Amounts	14.01%	Percent
03400	Worksheet E Part A Total DHS Adjustment - Disproportionate Share Adjustment (See Instructions)	00100	Amounts	1,999,093.	
03500	Total Uncompensated Care Amount (See Instructions)	00200	Amounts	8,272,872,447.	
03501	Total Uncompensated Care Amount - Factor 3 (See Instructions)	00200	Amounts	0.	
03502	Hospital Uncompensated Care Payment (If Line 34 is Zero, Enter Zero)	00200	Amounts	9,552,739.	
03503	Pro Rata Share of the Hospital Uncompensated Care Payment Amount (See Instructions)	00200	Amounts	9,552,739.	
03600	Total Uncompensated Care Amount (Sum of Col 01 and 02 on Line 35.03)	00100	Amounts	9,552,739.	
04700	Sub Total (see instructions)	00100	Amounts	74,801,128.	
04900	Total Payment for Inpatient Operating Cost SCH and MDH Only	00100	Amounts	76,576,051.	
05000	Payment for Inpatient Program Capital (From Wkst L Parts 1,2 or 3)	00100	Amounts	5,553,835.	
05200	Direct Graduate Medical Education Payment (Wkst E-4 Line 49)	00100	Amounts	1,479,972.	
05300	Nursing and Allied Health Managed Care payment	00100	Amounts	643,230.	
05400	Special Addon Payments for New Technologies	00100	Amounts	2,800.	
05700	Routine Service Other Pass Through Costs	00100	Amounts	394,384.	
05800	Ancillary Service Other Pass Through Costs	00100	Amounts	107,280.	
05900	Total (Sum of Amounts on Lines 49 Through 58)	00100	Amounts	84,757,552.	
06000	Primary Payer Payments	00100	Amounts	41,155.	
06100	Total Amount Payable for Program Beneficiaries (Line 59 Minus 60)	00100	Amounts	84,716,397.	
06200	Deductibles Billed to Program Beneficiaries	00100	Amounts	6,067,276.	
06300	Coinsurance Billed to Program Beneficiaries	00100	Amounts	257,487.	
06400	Reimbursable Bad Debts	00100	Amounts	686,511.	
06500	Adjusted Reimbursable Bad Debts	00100	Amounts	446,232.	

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

E00 Wkst E Calculation of Reimbursement Settlement					
A Part A - Inpatient Hospital Services under PPS					
06600	Reimbursable Bad Debts for Dual Eligible Beneficiaries	00100	Amounts	384,509.	
06700	Sub Total (Lines 61 Plus Line 65 Minus Lines 62 and 63)	00100	Amounts	78,837,866.	
07000	Other Adjustments (Specify)	00100	Amounts	-172,897.	07093
07000	Other Adjustments (Specify)	00100	Amounts	-296,814.	07094
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	78,368,155.	
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	1,567,363.	07101
07200	Interim Payments	00100	Amounts	74,406,622.	
07400	Balance Due Provider(Program) (Line 71 Minus the Sum of Lines 72 and 73)	00100	Amounts	2,394,170.	
07500	Protested Amounts (Non Allowable Cost Report Items) in Accordance with CMS Pub. 15-2 Section 115.2	00100	Amounts	2,355,886.	
09100	Capital Outlier From Wkst L Part 1 Line 02	00100	Amounts	402,665.	
B Part B - Medical and Other Health Services					
A18 Hospital Medicare					
00100	Medical and Other Services (See Instructions)	00100	Amounts	6,229.	
00200	Medical and other services reimbrused under OPPS (see instructions).	00100	Amounts	28,741,464.	
00300	PPS Payments Received	00100	Amounts	30,836,462.	
00400	Outlir Payments (See Instructions)	00100	Amounts	244,421.	
00900	Ancillary Service Other Pass Through Costs (Wkst D Part 4 Col 13 Line 200	00100	Amounts	177,350.	
01100	Total Cost (Sum of Lines 01 and 10)	00100	Amounts	6,229.	
01200	Reasonable Charges - Ancillary Services Charges	00100	Amounts	28,728.	
01400	Reasonable Charges - Total Reasonable Charges (Sum of Lines 12 and 13)	00100	Amounts	28,728.	
01800	Customary Charges - Total	00100	Amounts	28,728.	
01900	Excess of Customary Charges Over Reasonable Cost (Complete Only If Line 14 Exceeds 05)	00100	Amounts	22,499.	

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Line	Description	Col	Column Desc	Line Value	Type
E00	Wkst E Calculation of Reimbursement Settlement				
B	Part B - Medical and Other Health Services				
02100	Lesser of Cost or Charges (Line 11 Minus Line 20) (For CAH, See Instructions)	00100	Amounts	6,229.	
02400	Total Prospective Payment (Sum of Lines 03,04,08,09)	00100	Amounts	31,258,233.	
02500	Reimbursement Settlement - Deductibles and Coinsurance (See Instructions)	00100	Amounts	2,278.	
02600	Reimbursement Settlement - Deductibles and Coinsurance relating to amount on line 17.01.	00100	Amounts	5,537,379.	
02700	Reimbursement Settlement - Sub Total (Line 21 and 24 Minus Lines 25 and 26)	00100	Amounts	25,724,805.	
02800	Reimbursement Settlement - Direct Graduate Medical Education Payments (Wkst E-4 Line 50)	00100	Amounts	516,152.	
03000	Reimbursement Settlement - Sub Total (Sum of Lines 27 Through 29)	00100	Amounts	26,240,957.	
03100	Reimbursement Settlement - Primary Payer Payments	00100	Amounts	12,645.	
03200	Reimbursement Settlement - Sub Total (Line 30 Minus Line 31)	00100	Amounts	26,228,312.	
03400	Bad Debts - Allowable Bad Debts	00100	Amounts	495,124.	
03500	Bad Debts - Adjusted Reimbursable Bad Debts	00100	Amounts	321,831.	
03600	Bad Debts - Reimbursable Bad Debts for Dual Eligible Beneficiaries	00100	Amounts	329,047.	
03700	Bad Debts - Sub Total (Sum of Lines 32, 33, 34 and 35)(Line 35 Hospital and Subprovider Only))	00100	Amounts	26,550,143.	
03800	MSP-LCC Reconciliation Amount From PS&R	00100	Amounts	46.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	26,550,097.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	531,002.	04001
04100	Interim Payments	00100	Amounts	25,560,090.	
04300	Balance Due Provider/Program (Line 40 Minus the Sum of Lines 41 and 42)	00100	Amounts	459,005.	
09000	Completed by Contractor - Original Outlier Amount	00100	Amounts	244,421.	
C18	IRF Medicare				

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E00	Wkst E Calculation of Reimbursement Settlement			
B	Part B - Medical and Other Health Services			
00100	Medical and Other Services (See Instructions)	00100	Amounts	51.
00200	Medical and other services reimbrused under OPPS (see instructions).	00100	Amounts	99.
00300	PPS Payments Received	00100	Amounts	210.
01100	Total Cost (Sum of Lines 01 and 10)	00100	Amounts	51.
01200	Reasonable Charges - Ancillary Services Charges	00100	Amounts	446.
01400	Reasonable Charges - Total Reasonable Charges (Sum of Lines 12 and 13)	00100	Amounts	446.
01800	Customary Charges - Total	00100	Amounts	446.
01900	Excess of Customary Charges Over Reasonable Cost (Complete Only If Line 14 Exceeds 05)	00100	Amounts	395.
02100	Lesser of Cost or Charges (Line 11 Minus Line 20) (For CAH, See Instructions)	00100	Amounts	51.
02400	Total Prospective Payment (Sum of Lines 03,04,08,09)	00100	Amounts	210.
02700	Reimbursement Settlement - Sub Total (Line 21 and 24 Minus Lines 25 and 26)	00100	Amounts	261.
03000	Reimbursement Settlement - Sub Total (Sum of Lines 27 Through 29)	00100	Amounts	261.
03200	Reimbursement Settlement - Sub Total (Line 30 Minus Line 31)	00100	Amounts	261.
03700	Bad Debts - Sub Total (Sum of Lines 32, 33, 34 and 35)(Line 35 Hospital and Subprovider Only))	00100	Amounts	261.
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	261.
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	5. 04001
04100	Interim Payments	00100	Amounts	337.
04300	Balance Due Provider/Program (Line 40 Minus the Sum of Lines 41 and 42)	00100	Amounts	-81.
E10	Wkst E-1 Analysis of Payments to Providers for Services Rendered			
1	Part 1 - Analysis of Payment to Providers for Services Rendered			
A18	Hospital Medicare			

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E10	Wkst E-1 Analysis of Payments to Providers for Services Rendered				
1	Part 1 - Analysis of Payment to Providers for Services Rendered				
00100	Total interim payments paid to provider	00200	Part A Amount	73,536,226.	
00100	Total interim payments paid to provider	00400	Part B Amount	25,643,333.	
00300	Retroactive Lump Sum Adjustment - Provider to Program	00100	Part A Info	03/26/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	843,667.	00301
00300	Retroactive Lump Sum Adjustment - Provider to Program	00300	Part B Info	08/12/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00400	Part B Amount	8,495.	00301
00300	Retroactive Lump Sum Adjustment - Provider to Program	00100	Part A Info	08/12/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	26,729.	00302
00300	Retroactive Lump Sum Adjustment - Provider to Program	00300	Part B Info	03/26/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00400	Part B Amount	91,738.	00350
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	870,396.	00399
00300	Retroactive Lump Sum Adjustment - Provider to Program	00400	Part B Amount	-83,243.	00399
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00200	Part A Amount	74,406,622.	
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00400	Part B Amount	25,560,090.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00200	Part A Amount	76,800,792.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00400	Part B Amount	26,019,095.	
00800	FLORIDA	00000	Description		
00800	Contractor Information	00100	Part A Info	09001	Info
C18	IRF Medicare				
00100	Total interim payments paid to provider	00200	Part A Amount	12,191,733.	
00100	Total interim payments paid to provider	00400	Part B Amount	337.	

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E10	Wkst E-1 Analysis of Payments to Providers for Services Rendered				
1	Part 1 - Analysis of Payment to Providers for Services Rendered				
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00200	Part A Amount	12,191,733.	
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00400	Part B Amount	337.	
00602	Tentative Settlement Payment - Provider to Program	00400	Part B Amount	81.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00200	Part A Amount	12,250,928.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00400	Part B Amount	256.	
00800	FLORIDA	00000	Description		
00800	Contractor Information	00100	Part A Info	09001	Info
E30	Wkst E-3 Calculation of Reimbursement Settlement				
3	Part 3 - Calculation of Medicare Reimbursement under IPF PPS				
C18	IRF Medicare				
00100	Net Federal PPS (See Instructions)	00100	Amount	12,042,868.	
00200	Medicare SSI Ratio (IRF PPS Only)	00100	Amount	0.010000	Ratio
00300	Inpatient Rehabilitation LIP payments	00100	Amount	128,859.	
00400	Outlier Payments	00100	Amount	444,560.	
01000	Average Daily Census	00100	Amount	29.70	
01300	Total PPS Payment (Sum of Lines 01,03,04 and 14)	00100	Amount	12,616,287.	
01700	Sub Total (See Instructions)	00100	Amount	12,616,287.	
01900	Sub Total (Lines 01 Less Line 17)	00100	Amount	12,616,287.	
02000	Deductibles (Exclude Professional Component)	00100	Amount	127,400.	
02100	Sub Total (Line 19 Minus Line 20)	00100	Amount	12,488,887.	
02200	Coinsurance	00100	Amount	48,792.	
02300	Sub Total (Line 21 Minus 22)	00100	Amount	12,440,095.	
02400	Allowable Bad Debts (Exclude Bad Debts for Professional Services)	00100	Amount	4,020.	
02500	Adjusted Reimbursable Bad Debts	00100	Amount	2,613.	
02600	Allowable Bad Debts for Dual Eligible Beneficiaries	00100	Amount	2,680.	

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E30	Wkst E-3 Calculation of Reimbursement Settlement				
3	Part 3 - Calculation of Medicare Reimbursement under IPF PPS				
02700	Sub Total - Allowable Bad Debts (Sum of Lines 22 and 24)	00100	Amount	12,442,708.	
02900	Other Pass Through Cost (See Instructions)	00100	Amount	58,239.	
03200	Total Amount Payable to Provider (See Instructions)	00100	Amount	12,500,947.	
03200	Total Amount Payable to Provider (See Instructions)	00100	Amount	250,019.	03201
03300	Interim Payments	00100	Amount	12,191,733.	
03500	Balance Due Provider/Program (Line 32 Minus the Sum of Lines 33 and 34)	00100	Amount	59,195.	
05000	Orginal Outlier from Worksheet E-3 Part 2 Line 02	00100	Amount	444,560.	
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19				
A19	Hospital Medicaid				
00100	Inpatient Hospital/SNF/NF Services	00100	Title 5 or Title 19	13,224,647.	
00200	Medical and Other Services	00200	Title 5 or Title 19	2,879,597.	
00500	Inpatient Primary Payer Payments	00100	Title 5 or Title 19	343,157.	
00600	Outpatient Primary Payer Payments	00200	Title 5 or Title 19	-166,439.	
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00100	Title 5 or Title 19	12,881,490.	
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00200	Title 5 or Title 19	3,046,036.	
00800	Reasonable Charges - Routine Service Charges	00100	Title 5 or Title 19	18,324,700.	
00900	Reasonable Charges - Ancillary Service Charges	00100	Title 5 or Title 19	58,974,689.	
00900	Reasonable Charges - Ancillary Service Charges	00200	Title 5 or Title 19	26,262,077.	
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00100	Title 5 or Title 19	77,299,389.	
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00200	Title 5 or Title 19	26,262,077.	
01600	Customary Charges - Total	00100	Title 5 or Title 19	77,299,389.	
01600	Customary Charges - Total	00200	Title 5 or Title 19	26,262,077.	
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00100	Title 5 or Title 19	64,074,742.	

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E30 Wkst E-3 Calculation of Reimbursement Settlement					
7 Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19					
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00200	Title 5 or Title 19	23,382,480.	
02100	Cost of Covered Services (Line 07)	00100	Title 5 or Title 19	13,224,647.	
02100	Cost of Covered Services (Line 07)	00200	Title 5 or Title 19	2,879,597.	
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00100	Title 5 or Title 19	13,224,647.	
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00200	Title 5 or Title 19	2,879,597.	
03100	Sub Total (Line 19 Though 21 Minus 29)	00100	Title 5 or Title 19	12,881,490.	
03100	Sub Total (Line 19 Though 21 Minus 29)	00200	Title 5 or Title 19	3,046,036.	
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00100	Title 5 or Title 19	12,881,490.	
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00200	Title 5 or Title 19	3,046,036.	
03800	Sub Total (Lines 36 Plus or Minus 37)	00100	Title 5 or Title 19	12,881,490.	
03800	Sub Total (Lines 36 Plus or Minus 37)	00200	Title 5 or Title 19	3,046,036.	
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00100	Title 5 or Title 19	12,881,490.	
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00200	Title 5 or Title 19	3,046,036.	
04100	Interim Payments	00100	Title 5 or Title 19	5,929,923.	
04100	Interim Payments	00200	Title 5 or Title 19	1,512,279.	
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00100	Title 5 or Title 19	6,951,567.	
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00200	Title 5 or Title 19	1,533,757.	
C19 IRF Medicaid					
00100	Inpatient Hospital/SNF/NF Services	00100	Title 5 or Title 19	138,967.	
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00100	Title 5 or Title 19	138,967.	
00900	Reasonable Charges - Ancillary Service Charges	00100	Title 5 or Title 19	312,862.	
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00100	Title 5 or Title 19	312,862.	
01600	Customary Charges - Total	00100	Title 5 or Title 19	312,862.	

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E30	Wkst E-3 Calculation of Reimbursement Settlement				
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19				
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00100	Title 5 or Title 19	173,895.	
02100	Cost of Covered Services (Line 07)	00100	Title 5 or Title 19	138,967.	
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00100	Title 5 or Title 19	138,967.	
03100	Sub Total (Line 19 Though 21 Minus 29)	00100	Title 5 or Title 19	138,967.	
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00100	Title 5 or Title 19	138,967.	
03800	Sub Total (Lines 36 Plus or Minus 37)	00100	Title 5 or Title 19	138,967.	
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00100	Title 5 or Title 19	138,967.	
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00100	Title 5 or Title 19	138,967.	
E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost				
A18	Hospital Medicare				
01000	Weighted dental and podiatric resident FTE count for the current year.	00200	Other	6.00	FTEs
01001		00200	Other	6.	
01100	Total Weighted FTE Count	00200	Other	6.00	FTEs
01200	Total weighted resident FTE count for the prior cost reporting year (see instructions).	00200	Other	6.00	FTEs
01300	Total weighted resident FTE count for the penultimate cost reporting year (see instructions).	00200	Other	6.00	FTEs
01400	Rolling average FTE COUNT (sum line 11 through 13 divided by 3)	00200	Other	6.00	FTEs
01500	Adjustment for residents in initial years of new programs.	00100	Amount	20.62	FTEs
01500	Adjustment for residents in initial years of new programs.	00200	Other	15.32	FTEs
01501		00100	Amount	20.76	
01501		00200	Other	16.48	
01700	Ajusted Rolling Average FTE Count	00100	Amount	20.62	FTEs
01700	Ajusted Rolling Average FTE Count	00200	Other	21.32	FTEs
01800	Per Resident Amount	00100	Amount	91,012.81	

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E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost				
01800	Per Resident Amount	00200	Other	91,012.81	
01900	Approved Amount for Resident Costs	00100	Amount	1,876,684.	
01900	Approved Amount for Resident Costs	00200	Other	1,940,393.	
01900	Approved Amount for Resident Costs	00300	Total	3,817,077.	
02500	Total Direct GME Amount (Sum of Lines 19 and 24).	00100	Amount	3,817,077.	
02600	Inpatient Days	00100	Amount	37,834.	Days
02600	Inpatient Days	00200	Other	17,088.	Days
02700	Total Inpatient Days	00100	Amount	100,407.	Days
02700	Total Inpatient Days	00200	Other	100,407.	Days
02800	Ratio of Inpatient Days to Total Inpatient Days	00100	Amount	0.376806	Ratio
02800	Ratio of Inpatient Days to Total Inpatient Days	00200	Other	0.170187	Ratio
02900	Program Direct GME Amount	00100	Amount	1,438,298.	
02900	Program Direct GME Amount	00200	Other	649,617.	
03000	Reduction for Nursing/Allied Health	00200	Other	91,791.	
03100	Net Program Direct GME Amount	00300	Total	1,996,124.	
03300	Renal dialysis and home dialysis total charges (Wkst C Part 1 Col 08 Sum of lines 74 and 94)	00100	Amount	14,774,312.	
03700	Part A - Reasonable Cost (See Instructions)	00100	Amount	82,942,546.	
04000	Part A - Primary Payer Payments	00100	Amount	41,155.	
04100	Part A - Total Reasonable Cost (Sum of Lines 37 Through 39 Minus Line 40)	00100	Amount	82,901,391.	
04200	Part B - Reasonable Cost (See Instructions)	00100	Amount	28,925,193.	
04300	Part B - Primary Payer Payments (See Instructions)	00100	Amount	12,645.	
04400	Total Part B Reasonable Cost (line 42 minus line 43)	00100	Amount	28,912,548.	
04500	Total Reasonable Cost (Sum of lines 41 and 44)	00100	Amount	111,813,939.	
04600	Ratio of Part A Reasonable Cost to Total Reasonable Cost (Line 41 Divided by Line 45)	00100	Amount	0.74	
04700	Ratio of Part B Reasonable Cost to Total Reasonable Cost (Line 44 Divided by Line 45)	00100	Amount	0.26	
04800	Alloc of GME Cost - Total Program GME Payment (Line 31)	00100	Amount	1,996,124.	
04900	Alloc of GME Cost - Part A medicare GME Payment (Lines 46 times 48)	00100	Amount	1,479,972.	

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

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E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost			
05000	Alloc of GME Cost - Part B medicare GME Payment (Lines 47 times 48)	00100	Amount	516,152.

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E00	Wkst E Calculation of Reimbursement Settlement			
A	Part A - Inpatient Hospital Services under PPS			
A18	Hospital Medicare			
00101	DRG Amounts other than outlier payments for discharges occurring prior to October 1.	00100	Amounts	21,068,410.
00102	DRG Amounts other than outlier payments for discharges occurring after to October 1.	00100	Amounts	68,415,486.
00200	Outlier Payments for Discharges	00100	Amounts	2,155,185.
00300	Managed Care Similated Payments.	00100	Amounts	74,611,005.
00400	Bed days available divided by number of days in the cost reporting period.	00100	Amounts	559.96 Beds
00500	IME Adj - FTE count for allopathic and osteopathic programs for periods before 12/31/1996.	00100	Amounts	6.32 FTEs
00600	IME Adj - FTE count for allopathic and osteopathic programs which meet the criteria for new programs with section 1886(d)(5)(	00100	Amounts	39.90 FTEs
00900	IME Adj - (Sum of Lines 05 Plus 06 Minus Lines 07 and 7.01 Plus/Minus Line 08 plus lines 8.02 and 8.02)	00100	Amounts	46.22 FTEs
01000	IME Adj - FTE count for allopathic and osteopathic programs in the current year from your records.	00100	Amounts	57.20 FTEs
01100	IME Adj - FTE counts for residents in dental and podiatric programs.	00100	Amounts	5.87 FTEs
01200	IME Adj - Current Year Allowable FTEs (See Instructions)	00100	Amounts	52.09 FTEs
01300	IME Adj - Total Allowable FTE Count For Prior Year	00100	Amounts	52.14 FTEs
01400	IME Adj - Total allowable FTE count for the penultimate year if year ended before 9-1-1997.	00100	Amounts	52.22 FTEs
01500	IME Adj - Total (Lines 12 to 14 Divided by Line 03) (See Instructions)	00100	Amounts	52.15 FTEs

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E00 Wkst E Calculation of Reimbursement Settlement					
A Part A - Inpatient Hospital Services under PPS					
01800	IME Adj - Adjusted Rolling Average FTE Count	00100	Amounts	52.15	FTEs
01900	IME Adj - Current Year Resident to Bed Ratio (Line 18 Divided by Line 04)	00100	Amounts	0.093132	Ratio
02000	IME Adj - Prior Year Resident to Bed Ratio (See Instructions)	00100	Amounts	0.095063	Ratio
02100	IME Adj - Enter the Lesser of Line 19 or Line 20 (See Instructions)	00100	Amounts	0.093132	Ratio
02200	IME Adj -IME Payment Adjustment (See Instructions)	00100	Amounts	4,436,164.	
02201		00100	Amounts	3,698,841.	
02400	IME Adj For Add-on - IME FTE Resident Count Over Cap (See Instructions)	00100	Amounts	10.98	FTEs
02900	IME Adj For Add-on - Total IME Payment (Sum Lines 22 and 28)	00100	Amounts	4,436,164.	
02901		00100	Amounts	3,698,841.	
03000	DHS Adj - Percentage of SSI recipient patient days to Medicare part A patient days (see instructions).	00100	Amounts	9.03%	Percent
03100	DHS Adj - Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part 1.	00100	Amounts	22.22%	Percent
03200	DHS Adj - Sum of Lines 04 and 4.01	00100	Amounts	31.25%	Percent
03300	DHS Adj - Allowable Disproportionate Share Percentage (see instructions)	00100	Amounts	15.00%	Percent
03400	Worksheet E Part A Total DHS Adjustment - Disproportionate Share Adjustment (See Instructions)	00100	Amounts	3,355,647.	
03500	Total Uncompensated Care Amount (See Instructions)	00100	Amounts	6,766,695,164.	
03500	Total Uncompensated Care Amount (See Instructions)	00200	Amounts	8,272,872,447.	
03501	Total Uncompensated Care Amount - Factor 3 (See Instructions)	00100	Amounts	0.	
03501	Total Uncompensated Care Amount - Factor 3 (See Instructions)	00200	Amounts	0.	
03502	Hospital Uncompensated Care Payment (If Line 34 is Zero, Enter Zero)	00100	Amounts	5,615,680.	
03502	Hospital Uncompensated Care Payment (If Line 34 is Zero, Enter Zero)	00200	Amounts	11,643,505.	

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Line	Line Description	Col	Column Desc	Line Value	Type
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E00	Wkst E Calculation of Reimbursement Settlement				
A	Part A - Inpatient Hospital Services under PPS				
03503	Pro Rata Share of the Hospital Uncompensated Care Payment Amount (See Instructions)	00100	Amounts	1,415,460.	
03503	Pro Rata Share of the Hospital Uncompensated Care Payment Amount (See Instructions)	00200	Amounts	8,708,701.	
03600	Total Uncompensated Care Amount (Sum of Col 01 and 02 on Line 35.03)	00100	Amounts	10,124,161.	
04700	Sub Total (see instructions)	00100	Amounts	109,555,053.	
04900	Total Payment for Inpatient Operating Cost SCH and MDH Only	00100	Amounts	113,253,894.	
05000	Payment for Inpatient Program Capital (From Wkst L Parts 1,2 or 3)	00100	Amounts	8,162,331.	
05200	Direct Graduate Medical Education Payment (Wkst E-4 Line 49)	00100	Amounts	1,775,471.	
05400	Special Addon Payments for New Technologies	00100	Amounts	3,519.	
05900	Total (Sum of Amounts on Lines 49 Through 58)	00100	Amounts	123,195,215.	
06000	Primary Payer Payments	00100	Amounts	42,187.	
06100	Total Amount Payable for Program Beneficiaries (Line 59 Minus 60)	00100	Amounts	123,153,028.	
06200	Deductibles Billed to Program Beneficiaries	00100	Amounts	7,988,552.	
06300	Coinsurance Billed to Program Beneficiaries	00100	Amounts	649,929.	
06400	Reimbursable Bad Debts	00100	Amounts	2,513,482.	
06500	Adjusted Reimbursable Bad Debts	00100	Amounts	1,633,763.	
06600	Reimbursable Bad Debts for Dual Eligible Beneficiaries	00100	Amounts	1,243,904.	
06700	Sub Total (Lines 61 Plus Line 65 Minus Lines 62 and 63)	00100	Amounts	116,148,310.	
06800	Credits received from manufactures for replaced devices applicable to MS-DRG.	00100	Amounts	24,268.	
07000	Other Adjustments (Specify)	00100	Amounts	-393,835.	07093
07000	Other Adjustments (Specify)	00100	Amounts	-697,505.	07094
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	115,032,702.	
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	2,300,654.	07101
07200	Interim Payments	00100	Amounts	111,166,357.	

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Line Line Description Col Column Desc Line Value Type
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E00	Wkst E Calculation of Reimbursement Settlement					
A	Part A - Inpatient Hospital Services under PPS					
07400	Balance Due Provider(Program) (Line 71 Minus the Sum of Lines 72 and 73)	00100	Amounts	1,565,691.		
07500	Protested Amounts (Non Allowable Cost Report Items) in Accordance with CMS Pub. 15-2 Section 115.2	00100	Amounts	5,107,786.		
09000	Operating Outlier Reconciliation Amount from Wkst E Part A Line 02	00100	Amounts	2,155,185.		
09100	Capital Outlier From Wkst L Part 1 Line 02	00100	Amounts	158,158.		
B	Part B - Medical and Other Health Services					
A18	Hospital Medicare					
00100	Medical and Other Services (See Instructions)	00100	Amounts	8,477.		
00200	Medical and other services reimbrused under OPPS (see instructions).	00100	Amounts	26,731,975.		
00300	PPS Payments Received	00100	Amounts	27,464,592.		
00400	Outlir Payments (See Instructions)	00100	Amounts	123,532.		
01100	Total Cost (Sum of Lines 01 and 10)	00100	Amounts	8,477.		
01200	Reasonable Charges - Ancillary Services Charges	00100	Amounts	125,722.		
01400	Reasonable Charges - Total Reasonable Charges (Sum of Lines 12 and 13)	00100	Amounts	125,722.		
01800	Customary Charges - Total	00100	Amounts	125,722.		
01900	Excess of Customary Charges Over Reasonable Cost (Complete Only If Line 14 Exceeds 05)	00100	Amounts	117,245.		
02100	Lesser of Cost or Charges (Line 11 Minus Line 20) (For CAH, See Instructions)	00100	Amounts	8,477.		
02400	Total Prospective Payment (Sum of Lines 03,04,08,09)	00100	Amounts	27,588,124.		
02600	Reimbursement Settlement - Deductibles and Coinsurance relating to amount on line 17.01.	00100	Amounts	4,554,144.		
02700	Reimbursement Settlement - Sub Total (Line 21 and 24 Minus Lines 25 and 26)	00100	Amounts	23,042,457.		
02800	Reimbursement Settlement - Direct Graduate Medical Education Payments (Wkst E-4 Line 50)	00100	Amounts	465,906.		
03000	Reimbursement Settlement - Sub Total (Sum of Lines 27 Through 29)	00100	Amounts	23,508,363.		

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E00 Wkst E Calculation of Reimbursement Settlement					
B Part B - Medical and Other Health Services					
03100	Reimbursement Settlement - Primary Payer Payments	00100	Amounts	892.	
03200	Reimbursement Settlement - Sub Total (Line 30 Minus Line 31)	00100	Amounts	23,507,471.	
03400	Bad Debts - Allowable Bad Debts	00100	Amounts	933,935.	
03500	Bad Debts - Adjusted Reimbursable Bad Debts	00100	Amounts	607,058.	
03600	Bad Debts - Reimbursable Bad Debts for Dual Eligible Beneficiaries	00100	Amounts	648,172.	
03700	Bad Debts - Sub Total (Sum of Lines 32, 33, 34 and 35)(Line 35 Hospital and Subprovider Only)	00100	Amounts	24,114,529.	
03800	MSP-LCC Reconciliation Amount From PS&R	00100	Amounts	-215.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	24,114,744.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	482,295.	04001
04100	Interim Payments	00100	Amounts	23,452,368.	
04300	Balance Due Provider/Program (Line 40 Minus the Sum of Lines 41 and 42)	00100	Amounts	180,081.	
04400	Worksheet E Part B Protested Amounts (Nonallowable Cost Report Items) in Accordance With CMS 15-2	00100	Amounts	159,449.	
09000	Completed by Contractor - Original Outlier Amount	00100	Amounts	123,532.	
B18 IPF Medicare					
00100	Medical and Other Services (See Instructions)	00100	Amounts	8.	
00200	Medical and other services reimbursed under OPPS (see instructions).	00100	Amounts	2,408.	
00300	PPS Payments Received	00100	Amounts	2,366.	
01100	Total Cost (Sum of Lines 01 and 10)	00100	Amounts	8.	
01200	Reasonable Charges - Ancillary Services Charges	00100	Amounts	120.	
01400	Reasonable Charges - Total Reasonable Charges (Sum of Lines 12 and 13)	00100	Amounts	120.	
01800	Customary Charges - Total	00100	Amounts	120.	

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E00	Wkst E Calculation of Reimbursement Settlement				
B	Part B - Medical and Other Health Services				
01900	Excess of Customary Charges Over Reasonable Cost (Complete Only If Line 14 Exceeds 05)	00100	Amounts	112.	
02100	Lesser of Cost or Charges (Line 11 Minus Line 20) (For CAH, See Instructions)	00100	Amounts	8.	
02400	Total Prospective Payment (Sum of Lines 03,04,08,09)	00100	Amounts	2,366.	
02600	Reimbursement Settlement - Deductibles and Coinsurance relating to amount on line 17.01.	00100	Amounts	466.	
02700	Reimbursement Settlement - Sub Total (Line 21 and 24 Minus Lines 25 and 26)	00100	Amounts	1,908.	
03000	Reimbursement Settlement - Sub Total (Sum of Lines 27 Through 29)	00100	Amounts	1,908.	
03200	Reimbursement Settlement - Sub Total (Line 30 Minus Line 31)	00100	Amounts	1,908.	
03700	Bad Debts - Sub Total (Sum of Lines 32, 33, 34 and 35)(Line 35 Hospital and Subprovider Only))	00100	Amounts	1,908.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	1,908.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	38.	04001
04100	Interim Payments	00100	Amounts	1,886.	
04300	Balance Due Provider/Program (Line 40 Minus the Sum of Lines 41 and 42)	00100	Amounts	-16.	
E10	Wkst E-1 Analysis of Payments to Providers for Services Rendered				
1	Part 1 - Analysis of Payment to Providers for Services Rendered				
A18	Hospital Medicare				
00100	Total interim payments paid to provider	00200	Part A Amount	111,166,357.	
00100	Total interim payments paid to provider	00400	Part B Amount	23,417,168.	
00300	Retroactive Lump Sum Adjustment - Provider to Program	00300	Part B Info	01/15/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00400	Part B Amount	35,200.	00301
00300	Retroactive Lump Sum Adjustment - Provider to Program	00400	Part B Amount	35,200.	00399

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E10	Wkst E-1 Analysis of Payments to Providers for Services Rendered			
1	Part 1 - Analysis of Payment to Providers for Services Rendered			
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00200	Part A Amount	111,166,357.
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00400	Part B Amount	23,452,368.
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00200	Part A Amount	112,732,048.
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00400	Part B Amount	23,632,449.
00800	WISCONSIN PHYSICIAN SERVICES	00000	Description	
00800	Contractor Information	00100	Part A Info	05901 Info
B18	IPF Medicare			
00100	Total interim payments paid to provider	00200	Part A Amount	3,678,827.
00100	Total interim payments paid to provider	00400	Part B Amount	1,886.
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00200	Part A Amount	3,678,827.
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00400	Part B Amount	1,886.
00602	Tentative Settlement Payment - Provider to Program	00400	Part B Amount	16.
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00200	Part A Amount	3,679,086.
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00400	Part B Amount	1,870.
00800	WISCONSIN PHYSICIAN SERVICES	00000	Description	
00800	Contractor Information	00100	Part A Info	05901 Info
E30	Wkst E-3 Calculation of Reimbursement Settlement			
2	Part 2 - Calculation of Medicare Reimbursement under IPF PPS			
B18	IPF Medicare			
00100	Net Federal IPF PPS Payment (Excluding Outlier, ECT and Medical Education Payments)	00100	Amount	4,529,415.
00300	Net IPF PPS ECT Payment	00100	Amount	11,354.
00900	Average Daily Census	00100	Amount	80.30

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E30	Wkst E-3 Calculation of Reimbursement Settlement			
2	Part 2 - Calculation of Medicare Reimbursement under IPF PPS			
01200	Adjusted Net IPF PPS Payments (Sum of Lines 01,02,03 and 11)	00100	Amount	4,540,769.
01600	Sub Total (See instructions)	00100	Amount	4,540,769.
01700	Primary Payer Payments	00100	Amount	650.
01800	Sub Total (Lines 01 Less Line 17)	00100	Amount	4,540,119.
01900	Deductibles (Exclude Professional Component)	00100	Amount	532,184.
02000	Sub Total (Line 18 Minus Line 19)	00100	Amount	4,007,935.
02100	Coinsurance	00100	Amount	253,766.
02200	Sub Total (Line 20 Minus 21)	00100	Amount	3,754,169.
02600	Sub Total - Allowable Bad Debts (Sum of Lines 22 and 24)	00100	Amount	3,754,169.
03100	Total Amount Payable to Provider (See Instructions)	00100	Amount	3,754,169.
03101	Total Amount Payable to Provider (See Instructions)	00100	Amount	75,083.
03200	Interim Payments	00100	Amount	3,678,827.
03400	Balance Due Provider/Program (Line 31 Minus the Sum of Lines 32 and 33)	00100	Amount	259.
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19			
A19	Hospital Medicaid			
00100	Inpatient Hospital/SNF/NF Services	00100	Title 5 or Title 19	24,775,611.
00200	Medical and Other Services	00200	Title 5 or Title 19	2,943,856.
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00100	Title 5 or Title 19	24,775,611.
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00200	Title 5 or Title 19	2,943,856.
00800	Reasonable Charges - Routine Service Charges	00100	Title 5 or Title 19	48,405,344.
00900	Reasonable Charges - Ancillary Service Charges	00100	Title 5 or Title 19	196,056,472.
00900	Reasonable Charges - Ancillary Service Charges	00200	Title 5 or Title 19	56,883,314.
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00100	Title 5 or Title 19	244,461,816.
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00200	Title 5 or Title 19	56,883,314.

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E30	Wkst E-3 Calculation of Reimbursement Settlement				
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19				
01600	Customary Charges - Total	00100	Title 5 or Title 19	244,461,816.	
01600	Customary Charges - Total	00200	Title 5 or Title 19	56,883,314.	
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00100	Title 5 or Title 19	219,686,205.	
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00200	Title 5 or Title 19	53,939,458.	
02100	Cost of Covered Services (Line 07)	00100	Title 5 or Title 19	24,775,611.	
02100	Cost of Covered Services (Line 07)	00200	Title 5 or Title 19	2,943,856.	
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00100	Title 5 or Title 19	24,775,611.	
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00200	Title 5 or Title 19	2,943,856.	
03100	Sub Total (Line 19 Though 21 Minus 29)	00100	Title 5 or Title 19	24,775,611.	
03100	Sub Total (Line 19 Though 21 Minus 29)	00200	Title 5 or Title 19	2,943,856.	
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00100	Title 5 or Title 19	24,775,611.	
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00200	Title 5 or Title 19	2,943,856.	
03800	Sub Total (Lines 36 Plus or Minus 37)	00100	Title 5 or Title 19	24,775,611.	
03800	Sub Total (Lines 36 Plus or Minus 37)	00200	Title 5 or Title 19	2,943,856.	
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00100	Title 5 or Title 19	24,775,611.	
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00200	Title 5 or Title 19	2,943,856.	
04100	Interim Payments	00100	Title 5 or Title 19	11,273,488.	
04100	Interim Payments	00200	Title 5 or Title 19	1,302,094.	
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00100	Title 5 or Title 19	13,502,123.	
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00200	Title 5 or Title 19	1,641,762.	
E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost				
A18	Hospital Medicare				
00100	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December	00100	Amount	6.32	FTEs

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E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost				
00200	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions).	00100	Amount	40.04	FTEs
00500	FTE Adjustment Cap (Sum of Lines 1 Plus Line 2 Minus Line 3 and 3.01 Plus/Minus Line 4 Plus Line 4.01 and Line 4.02)	00100	Amount	46.36	FTEs
00600	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records.	00100	Amount	57.56	FTEs
00700	Enter the lessor of line 05 or 06	00100	Amount	46.36	FTEs
00800	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	00100	Amount	41.73	FTEs
00800	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	00200	Other	12.54	FTEs
00800	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	00300	Total	54.27	FTEs
00900	If line 06 is less than 05 enter the amount from line 8 otherwise multiply line 8 times the result of line 5 divided by line	00100	Amount	33.61	FTEs
00900	If line 06 is less than 05 enter the amount from line 8 otherwise multiply line 8 times the result of line 5 divided by line	00200	Other	10.10	FTEs
00900	If line 06 is less than 05 enter the amount from line 8 otherwise multiply line 8 times the result of line 5 divided by line	00300	Total	43.71	FTEs
01000	Weighted dental and podiatric resident FTE count for the current year.	00200	Other	5.95	FTEs
01001		00200	Other	5.95	
01100	Total Weighted FTE Count	00100	Amount	33.61	FTEs
01100	Total Weighted FTE Count	00200	Other	16.05	FTEs
01200	Total weighted resident FTE count for the prior cost reporting year (see instructions).	00100	Amount	33.26	FTEs
01200	Total weighted resident FTE count for the prior cost reporting year (see instructions).	00200	Other	16.85	FTEs
01300	Total weighted resident FTE count for the penultimate cost reporting year (see instructions).	00100	Amount	35.30	FTEs

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

Line	Description	Col	Column Desc	Line Value	Type
E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost				
01300	Total weighted resident FTE count for the penultimate cost reporting year (see instructions).	00200	Other	15.56	FTEs
01400	Rolling average FTE COUNT (sum line 11 through 13 divided by 3)	00100	Amount	34.06	FTEs
01400	Rolling average FTE COUNT (sum line 11 through 13 divided by 3)	00200	Other	16.15	FTEs
01700	Ajusted Rolling Average FTE Count	00100	Amount	34.06	FTEs
01700	Ajusted Rolling Average FTE Count	00200	Other	16.15	FTEs
01800	Per Resident Amount	00100	Amount	97,578.92	
01800	Per Resident Amount	00200	Other	97,578.92	
01900	Approved Amount for Resident Costs	00100	Amount	3,323,538.	
01900	Approved Amount for Resident Costs	00200	Other	1,575,900.	
01900	Approved Amount for Resident Costs	00300	Total	4,899,438.	
02100	GME FTE weighted resident count over the cap (see instructions).	00100	Amount	11.20	FTEs
02500	Total Direct GME Amount (Sum of Lines 19 and 24).	00100	Amount	4,899,438.	
02600	Inpatient Days	00100	Amount	45,180.	Days
02600	Inpatient Days	00200	Other	39,524.	Days
02700	Total Inpatient Days	00100	Amount	172,947.	Days
02700	Total Inpatient Days	00200	Other	172,947.	Days
02800	Ratio of Inpatient Days to Total Inpatient Days	00100	Amount	0.261236	Ratio
02800	Ratio of Inpatient Days to Total Inpatient Days	00200	Other	0.228532	Ratio
02900	Program Direct GME Amount	00100	Amount	1,279,910.	
02900	Program Direct GME Amount	00200	Other	1,119,678.	
03000	Reduction for Nursing/Allied Health	00200	Other	158,211.	
03100	Net Program Direct GME Amount	00300	Total	2,241,377.	
03700	Part A - Reasonable Cost (See Instructions)	00100	Amount	101,951,167.	
04000	Part A - Primary Payer Payments	00100	Amount	42,837.	
04100	Part A - Total Reasonable Cost (Sum of Lines 37 Thourgh 39 Minus Line 40)	00100	Amount	101,908,330.	
04200	Part B - Reasonable Cost (See Instructions)	00100	Amount	26,742,868.	
04300	Part B - Primary Payer Payments (See Instructions)	00100	Amount	892.	

CR Hospital Reference Report 2019

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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

E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost				
04400	Total Part B Reasonable Cost (line 42 minus line 43)	00100	Amount	26,741,976.	
04500	Total Reasonable Cost (Sum of lines 41 and 44)	00100	Amount	128,650,306.	
04600	Ratio of Part A Reasonable Cost to Total Reasonable Cost (Line 41 Divided by Line 45)	00100	Amount	0.79	
04700	Ratio of Part B Reasonable Cost to Total Reasonable Cost (Line 44 Divided by Line 45)	00100	Amount	0.21	
04800	Alloc of GME Cost - Total Program GME Payment (Line 31)	00100	Amount	2,241,377.	
04900	Alloc of GME Cost - Part A medicare GME Payment (Lines 46 times 48)	00100	Amount	1,775,471.	
05000	Alloc of GME Cost - Part B medicare GME Payment (Lines 47 times 48)	00100	Amount	465,906.	

100130 LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430

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

E00	Wkst E Calculation of Reimbursement Settlement				
A	Part A - Inpatient Hospital Services under PPS				
A18	Hospital Medicare				
00102	DRG Amounts other than outlier payments for discharges occurring after to October 1.	00100	Amounts	2,210,813.	
00204		00100	Amounts	36,396.	
00300	Managed Care Simulated Payments.	00100	Amounts	555,398.	
00400	Bed days available divided by number of days in the cost reporting period.	00100	Amounts	59.62	Beds
00500	IME Adj - FTE count for allopathic and osteopathic programs for periods before 12/31/1996.	00100	Amounts	14.67	FTEs
00900	IME Adj - (Sum of Lines 05 Plus 06 Minus Lines 07 and 7.01 Plus/Minus Line 08 plus lines 8.02 and 8.02)	00100	Amounts	14.67	FTEs
01000	IME Adj - FTE count for allopathic and osteopathic programs in the current year from your records.	00100	Amounts	13.08	FTEs
01200	IME Adj - Current Year Allowable FTEs (See Instructions)	00100	Amounts	13.08	FTEs

CR Hospital Reference Report 2019

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

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

E00 Wkst E Calculation of Reimbursement Settlement					
A Part A - Inpatient Hospital Services under PPS					
01300	IME Adj - Total Allowable FTE Count For Prior Year	00100	Amounts	13.50	FTEs
01400	IME Adj - Total allowable FTE count for the penultimate year if year ended before 9-1-1997.	00100	Amounts	13.75	FTEs
01500	IME Adj - Total (Lines 12 to 14 Divided by Line 03) (See Instructions)	00100	Amounts	13.44	FTEs
01800	IME Adj - Adjusted Rolling Average FTE Count	00100	Amounts	13.44	FTEs
01900	IME Adj - Current Year Resident to Bed Ratio (Line 18 Divided by Line 04)	00100	Amounts	0.225428	Ratio
02000	IME Adj - Prior Year Resident to Bed Ratio (See Instructions)	00100	Amounts	0.211943	Ratio
02100	IME Adj - Enter the Lesser of Line 19 or Line 20 (See Instructions)	00100	Amounts	0.211943	Ratio
02200	IME Adj -IME Payment Adjustment (See Instructions)	00100	Amounts	241,640.	
02201		00100	Amounts	60,704.	
02400	IME Adj For Add-on - IME FTE Resident Count Over Cap (See Instructions)	00100	Amounts	-1.59	FTEs
02900	IME Adj For Add-on - Total IME Payment (Sum Lines 22 and 28)	00100	Amounts	241,640.	
02901		00100	Amounts	60,704.	
03000	DHS Adj - Percentage of SSI recipient patient days to Medicare part A patient days (see instructions).	00100	Amounts	27.88%	Percent
03100	DHS Adj - Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part 1.	00100	Amounts	51.11%	Percent
03200	DHS Adj - Sum of Lines 04 and 4.01	00100	Amounts	78.99%	Percent
03300	DHS Adj - Allowable Disproportionate Share Percentage (see instructions)	00100	Amounts	12.00%	Percent
03400	Worksheet E Part A Total DHS Adjustment - Disproportionate Share Adjustment (See Instructions)	00100	Amounts	66,325.	
03500	Total Uncompensated Care Amount (See Instructions)	00200	Amounts	8,272,872,447.	
03501	Total Uncompensated Care Amount - Factor 3 (See Instructions)	00200	Amounts	0.	
03502	Hospital Uncompensated Care Payment (If Line 34 is Zero, Enter Zero)	00200	Amounts	1,191,395.	

CR Hospital Reference Report 2019

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

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

E00 Wkst E Calculation of Reimbursement Settlement					
A Part A - Inpatient Hospital Services under PPS					
03503	Pro Rata Share of the Hospital Uncompensated Care Payment Amount (See Instructions)	00200	Amounts	1,191,395.	
03600	Total Uncompensated Care Amount (Sum of Col 01 and 02 on Line 35.03)	00100	Amounts	1,191,395.	
04700	Sub Total (see instructions)	00100	Amounts	3,746,569.	
04900	Total Payment for Inpatient Operating Cost SCH and MDH Only	00100	Amounts	3,807,273.	
05000	Payment for Inpatient Program Capital (From Wkst L Parts 1,2 or 3)	00100	Amounts	241,408.	
05200	Direct Graduate Medical Education Payment (Wkst E-4 Line 49)	00100	Amounts	267,425.	
05900	Total (Sum of Amounts on Lines 49 Through 58)	00100	Amounts	4,316,106.	
06100	Total Amount Payable for Program Beneficiaries (Line 59 Minus 60)	00100	Amounts	4,316,106.	
06200	Deductibles Billed to Program Beneficiaries	00100	Amounts	248,244.	
06400	Reimbursable Bad Debts	00100	Amounts	14,935.	
06500	Adjusted Reimbursable Bad Debts	00100	Amounts	9,708.	
06700	Sub Total (Lines 61 Plus Line 65 Minus Lines 62 and 63)	00100	Amounts	4,077,570.	
07000	Other Adjustments (Specify)	00100	Amounts	-11,623.	07093
07000	Other Adjustments (Specify)	00100	Amounts	-7,738.	07094
07000	2019	00000	Description		
07000	Other Adjustments (Specify)	00100	Amounts	552,905.	07097
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	4,611,114.	
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	92,222.	07101
07200	Interim Payments	00100	Amounts	4,218,205.	
07400	Balance Due Provider(Program) (Line 71 Minus the Sum of Lines 72 and 73)	00100	Amounts	300,687.	
07500	Protested Amounts (Non Allowable Cost Report Items) in Accordance with CMS Pub. 15-2 Section 115.2	00100	Amounts	275,364.	
09000	Operating Outlier Reconciliation Amount from Wkst E Part A Line 02	00100	Amounts	36,396.	
09100	Capital Outlier From Wkst L Part 1 Line 02	00100	Amounts	5,515.	

CR Hospital Reference Report 2019

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

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

E00	Wkst E Calculation of Reimbursement Settlement				
B	Part B - Medical and Other Health Services				
A18	Hospital Medicare				
00100	Medical and Other Services (See Instructions)	00100	Amounts	1,857.	
00200	Medical and other services reimbursed under OPPS (see instructions).	00100	Amounts	2,209,757.	
00300	PPS Payments Received	00100	Amounts	1,372,319.	
00400	Outlir Payments (See Instructions)	00100	Amounts	17,189.	
01100	Total Cost (Sum of Lines 01 and 10)	00100	Amounts	1,857.	
01200	Reasonable Charges - Ancillary Services Charges	00100	Amounts	11,980.	
01400	Reasonable Charges - Total Reasonable Charges (Sum of Lines 12 and 13)	00100	Amounts	11,980.	
01800	Customary Charges - Total	00100	Amounts	11,980.	
01900	Excess of Customary Charges Over Reasonable Cost (Complete Only If Line 14 Exceeds 05)	00100	Amounts	10,123.	
02100	Lesser of Cost or Charges (Line 11 Minus Line 20) (For CAH, See Instructions)	00100	Amounts	1,857.	
02400	Total Prospective Payment (Sum of Lines 03,04,08,09)	00100	Amounts	1,389,508.	
02500	Reimbursement Settlement - Deductibles and Coinsurance (See Instructions)	00100	Amounts	314.	
02600	Reimbursement Settlement - Deductibles and Coinsurance relating to amount on line 17.01.	00100	Amounts	289,166.	
02700	Reimbursement Settlement - Sub Total (Line 21 and 24 Minus Lines 25 and 26)	00100	Amounts	1,101,885.	
02800	Reimbursement Settlement - Direct Graduate Medical Education Payments (Wkst E-4 Line 50)	00100	Amounts	133,207.	
03000	Reimbursement Settlement - Sub Total (Sum of Lines 27 Through 29)	00100	Amounts	1,235,092.	
03100	Reimbursement Settlement - Primary Payer Payments	00100	Amounts	349.	
03200	Reimbursement Settlement - Sub Total (Line 30 Minus Line 31)	00100	Amounts	1,234,743.	
03400	Bad Debts - Allowable Bad Debts	00100	Amounts	41,411.	
03500	Bad Debts - Adjusted Reimbursable Bad Debts	00100	Amounts	26,917.	

CR Hospital Reference Report 2019

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

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

E00	Wkst E Calculation of Reimbursement Settlement				
B	Part B - Medical and Other Health Services				
03700	Bad Debts - Sub Total (Sum of Lines 32, 33, 34 and 35)(Line 35 Hospital and Subprovider Only))	00100	Amounts	1,261,660.	
03800	MSP-LCC Reconciliation Amount From PS&R	00100	Amounts	-49.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	1,261,709.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	25,234.	04001
04100	Interim Payments	00100	Amounts	1,176,963.	
04300	Balance Due Provider/Program (Line 40 Minus the Sum of Lines 41 and 42)	00100	Amounts	59,512.	
09000	Completed by Contractor - Original Outlier Amount	00100	Amounts	17,189.	
E10	Wkst E-1 Analysis of Payments to Providers for Services Rendered				
1	Part 1 - Analysis of Payment to Providers for Services Rendered				
A18	Hospital Medicare				
00100	Total interim payments paid to provider	00200	Part A Amount	4,159,396.	
00100	Total interim payments paid to provider	00400	Part B Amount	1,158,396.	
00300	Retroactive Lump Sum Adjustment - Provider to Program	00100	Part A Info	05/02/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	72,843.	00301
00300	Retroactive Lump Sum Adjustment - Provider to Program	00300	Part B Info	05/02/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00400	Part B Amount	22,073.	00301
00300	Retroactive Lump Sum Adjustment - Provider to Program	00100	Part A Info	09/10/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	14,034.	00350
00300	Retroactive Lump Sum Adjustment - Provider to Program	00300	Part B Info	09/10/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00400	Part B Amount	3,506.	00350
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	58,809.	00399

CR Hospital Reference Report 2019

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

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

E10	Wkst E-1 Analysis of Payments to Providers for Services Rendered				
1	Part 1 - Analysis of Payment to Providers for Services Rendered				
00300	Retroactive Lump Sum Adjustment - Provider to Program	00400	Part B Amount	18,567.	00399
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00200	Part A Amount	4,218,205.	
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00400	Part B Amount	1,176,963.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00200	Part A Amount	4,518,892.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00400	Part B Amount	1,236,475.	
00800	FLORIDA	00000	Description		
00800	Contractor Information	00100	Part A Info	09001	Info
E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost				
A18	Hospital Medicare				
00100	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December	00100	Amount	14.67	FTEs
00500	FTE Adjustment Cap (Sum of Lines 1 Plus Line 2 Minus Line 3 and 3.01 Plus/Minus Line 4 Plus Line 4.01 and Line 4.02)	00100	Amount	14.67	FTEs
00600	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records.	00100	Amount	13.08	FTEs
00700	Enter the lessor of line 05 or 06	00100	Amount	13.08	FTEs
00800	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	00100	Amount	13.08	FTEs
00800	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	00300	Total	13.08	FTEs
00900	If line 06 is less than 05 enter the amount from line 8 otherwise multiply line 8 times the result of line 5 divided by line	00100	Amount	13.08	FTEs
00900	If line 06 is less than 05 enter the amount from line 8 otherwise multiply line 8 times the result of line 5 divided by line	00300	Total	13.08	FTEs

CR Hospital Reference Report 2019

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

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

E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost				
01100	Total Weighted FTE Count	00100	Amount	13.08	FTEs
01200	Total weighted resident FTE count for the prior cost reporting year (see instructions).	00100	Amount	13.50	FTEs
01300	Total weighted resident FTE count for the penultimate cost reporting year (see instructions).	00100	Amount	13.38	FTEs
01400	Rolling average FTE COUNT (sum line 11 through 13 divided by 3)	00100	Amount	13.32	FTEs
01700	Ajusted Rolling Average FTE Count	00100	Amount	13.32	FTEs
01800	Per Resident Amount	00100	Amount	98,341.34	
01900	Approved Amount for Resident Costs	00100	Amount	1,309,907.	
01900	Approved Amount for Resident Costs	00300	Total	1,309,907.	
02500	Total Direct GME Amount (Sum of Lines 19 and 24).	00100	Amount	1,309,907.	
02600	Inpatient Days	00100	Amount	1,221.	Days
02600	Inpatient Days	00200	Other	370.	Days
02700	Total Inpatient Days	00100	Amount	5,031.	Days
02700	Total Inpatient Days	00200	Other	5,031.	Days
02800	Ratio of Inpatient Days to Total Inpatient Days	00100	Amount	0.242695	Ratio
02800	Ratio of Inpatient Days to Total Inpatient Days	00200	Other	0.073544	Ratio
02900	Program Direct GME Amount	00100	Amount	317,908.	
02900	Program Direct GME Amount	00200	Other	96,336.	
02900	Program Direct GME Amount	00300	Total	414,244.	
03000	Reduction for Nursing/Allied Health	00200	Other	13,612.	
03000	Reduction for Nursing/Allied Health	00300	Total	13,612.	
03100	Net Program Direct GME Amount	00300	Total	400,632.	
03300	Renal dialysis and home dialysis total charges (Wkst C Part 1 Col 08 Sum of lines 74 and 94)	00100	Amount	2,135,685.	
03700	Part A - Reasonable Cost (See Instructions)	00100	Amount	4,439,298.	
04100	Part A - Total Reasonable Cost (Sum of Lines 37 Thourgh 39 Minus Line 40)	00100	Amount	4,439,298.	
04200	Part B - Reasonable Cost (See Instructions)	00100	Amount	2,211,614.	
04300	Part B - Primary Payer Payments (See Instructions)	00100	Amount	349.	
04400	Total Part B Reasonable Cost (line 42 minus line 43)	00100	Amount	2,211,265.	

CR Hospital Reference Report 2019

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

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

E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost				
04500	Total Reasonable Cost (Sum of lines 41 and 44)	00100	Amount	6,650,563.	
04600	Ratio of Part A Reasonable Cost to Total Reasonable Cost (Line 41 Divided by Line 45)	00100	Amount	0.67	
04700	Ratio of Part B Reasonable Cost to Total Reasonable Cost (Line 44 Divided by Line 45)	00100	Amount	0.33	
04800	Alloc of GME Cost - Total Program GME Payment (Line 31)	00100	Amount	400,632.	
04900	Alloc of GME Cost - Part A medicare GME Payment (Lines 46 times 48)	00100	Amount	267,425.	
05000	Alloc of GME Cost - Part B medicare GME Payment (Lines 47 times 48)	00100	Amount	133,207.	

100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

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

E00	Wkst E Calculation of Reimbursement Settlement				
A	Part A - Inpatient Hospital Services under PPS				
A18	Hospital Medicare				
00101	DRG Amounts other than outlier payments for discharges occurring prior to October 1.	00100	Amounts	21,685,805.	
00102	DRG Amounts other than outlier payments for discharges occurring after to October 1.	00100	Amounts	73,336,009.	
00200	Outlier Payments for Discharges	00100	Amounts	1,939,491.	
00300	Managed Care Simulated Payments.	00100	Amounts	26,458,019.	
00400	Bed days available divided by number of days in the cost reporting period.	00100	Amounts	339.75	Beds
01600	IME Adj - Adjustment for residents in initial years of the program.	00100	Amounts	64.64	FTEs
01800	IME Adj - Adjusted Rolling Average FTE Count	00100	Amounts	64.64	FTEs
01900	IME Adj - Current Year Resident to Bed Ratio (Line 18 Divided by Line 04)	00100	Amounts	0.190258	Ratio
02000	IME Adj - Prior Year Resident to Bed Ratio (See Instructions)	00100	Amounts	0.189399	Ratio
02100	IME Adj - Enter the Lesser of Line 19 or Line 20 (See Instructions)	00100	Amounts	0.189399	Ratio
02200	IME Adj -IME Payment Adjustment (See Instructions)	00100	Amounts	9,335,323.	

CR Hospital Reference Report 2019

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

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

Line	Line Description	Col	Column Desc	Line Value	Type
E00	Wkst E Calculation of Reimbursement Settlement				
A	Part A - Inpatient Hospital Services under PPS				
02201		00100	Amounts	2,599,342.	
02900	IME Adj For Add-on - Total IME Payment (Sum Lines 22 and 28)	00100	Amounts	9,335,323.	
02901		00100	Amounts	2,599,342.	
03000	DHS Adj - Percentage of SSI recipient patient days to Medicare part A patient days (see instructions).	00100	Amounts	1.33%	Percent
03100	DHS Adj - Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part 1.	00100	Amounts	2.54%	Percent
03200	DHS Adj - Sum of Lines 04 and 4.01	00100	Amounts	3.87%	Percent
04700	Sub Total (see instructions)	00100	Amounts	106,296,628.	
04900	Total Payment for Inpateint Operating Cost SCH and MDH Only	00100	Amounts	108,895,970.	
05000	Payment for Inpatient Program Captial (From Wkst L Parts 1,2 or 3)	00100	Amounts	8,453,821.	
05200	Direct Graduate Medical Education Payment (Wkst E-4 Line 49)	00100	Amounts	2,017,173.	
05300	Nursing and Allied Health Managed Care payment	00100	Amounts	76,316.	
05400	Special Addon Payments for New Technologies	00100	Amounts	18,658.	
05800	Ancillary Service Other Pass Through Costs	00100	Amounts	80,065.	
05900	Total (Sum of Amounts on Lines 49 Through 58)	00100	Amounts	119,542,003.	
06000	Primary Payer Payments	00100	Amounts	32,821.	
06100	Total Amount Payable for Program Beneficiaries (Line 59 Minus 60)	00100	Amounts	119,509,182.	
06200	Deductibles Billed to Program Beneficiaries	00100	Amounts	9,748,816.	
06300	Coinsurance Billed to Program Beneficiaries	00100	Amounts	336,207.	
06400	Reimbursable Bad Debts	00100	Amounts	550,382.	
06500	Adjusted Reimbursable Bad Debts	00100	Amounts	357,748.	
06600	Reimbursable Bad Debts for Dual Eligible Beneficiaries	00100	Amounts	274,396.	
06700	Sub Total (Lines 61 Plus Line 65 Minus Lines 62 and 63)	00100	Amounts	109,781,907.	
07000	Other Adjustments (Specify)	00100	Amounts	-543,183.	07093
07000	Other Adjustments (Specify)	00100	Amounts	-378,511.	07094

CR Hospital Reference Report 2019

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

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

E00	Wkst E Calculation of Reimbursement Settlement				
A	Part A - Inpatient Hospital Services under PPS				
07000	Other Adjustments (Specify)	00100	Amounts	1,164,468.	07099
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	107,695,745.	
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	2,153,915.	07101
07200	Interim Payments	00100	Amounts	103,399,904.	
07400	Balance Due Provider(Program) (Line 71 Minus the Sum of Lines 72 and 73)	00100	Amounts	2,141,926.	
09100	Capital Outlier From Wkst L Part 1 Line 02	00100	Amounts	86,128.	
B	Part B - Medical and Other Health Services				
A18	Hospital Medicare				
00100	Medical and Other Services (See Instructions)	00100	Amounts	23,682.	
00200	Medical and other services reimbrused under OPPS (see instructions).	00100	Amounts	126,034,374.	
00300	PPS Payments Received	00100	Amounts	119,365,589.	
00400	Outlir Payments (See Instructions)	00100	Amounts	134,457.	
00900	Ancillary Service Other Pass Through Costs (Wkst D Part 4 Col 13 Line 200	00100	Amounts	435,774.	
01100	Total Cost (Sum of Lines 01 and 10)	00100	Amounts	23,682.	
01200	Reasonable Charges - Ancillary Services Charges	00100	Amounts	117,605.	
01400	Reasonable Charges - Total Reasonable Charges (Sum of Lines 12 and 13)	00100	Amounts	117,605.	
01800	Customary Charges - Total	00100	Amounts	117,605.	
01900	Excess of Customary Charges Over Reasonable Cost (Complete Only If Line 14 Exceeds 05)	00100	Amounts	93,923.	
02100	Lesser of Cost or Charges (Line 11 Minus Line 20) (For CAH, See Instructions)	00100	Amounts	23,682.	
02400	Total Prospective Payment (Sum of Lines 03,04,08,09)	00100	Amounts	119,935,820.	
02600	Reimbursement Settlement - Deductibles and Coinsurance relating to amount on line 17.01.	00100	Amounts	20,839,377.	
02700	Reimbursement Settlement - Sub Total (Line 21 and 24 Minus Lines 25 and 26)	00100	Amounts	99,120,125.	

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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

E00	Wkst E Calculation of Reimbursement Settlement				
B	Part B - Medical and Other Health Services				
02800	Reimbursement Settlement - Direct Graduate Medical Education Payments (Wkst E-4 Line 50)	00100	Amounts	2,189,740.	
03000	Reimbursement Settlement - Sub Total (Sum of Lines 27 Through 29)	00100	Amounts	101,309,865.	
03100	Reimbursement Settlement - Primary Payer Payments	00100	Amounts	5,541.	
03200	Reimbursement Settlement - Sub Total (Line 30 Minus Line 31)	00100	Amounts	101,304,324.	
03400	Bad Debts - Allowable Bad Debts	00100	Amounts	671,539.	
03500	Bad Debts - Adjusted Reimbursable Bad Debts	00100	Amounts	436,500.	
03600	Bad Debts - Reimbursable Bad Debts for Dual Eligible Beneficiaries	00100	Amounts	388,005.	
03700	Bad Debts - Sub Total (Sum of Lines 32, 33, 34 and 35)(Line 35 Hospital and Subprovider Only)	00100	Amounts	101,740,824.	
03800	MSP-LCC Reconciliation Amount From PS&R	00100	Amounts	1,006.	
03900	Other Adjustments (Specify)	00100	Amounts	6,000.	03998
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	101,739,818.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	2,034,796.	04001
04100	Interim Payments	00100	Amounts	99,104,020.	
04300	Balance Due Provider/Program (Line 40 Minus the Sum of Lines 41 and 42)	00100	Amounts	601,002.	
09000	Completed by Contractor - Original Outlier Amount	00100	Amounts	134,457.	
E10	Wkst E-1 Analysis of Payments to Providers for Services Rendered				
1	Part 1 - Analysis of Payment to Providers for Services Rendered				
A18	Hospital Medicare				
00100	Total interim payments paid to provider	00200	Part A Amount	102,790,065.	
00100	Total interim payments paid to provider	00400	Part B Amount	99,059,197.	
00300	Retroactive Lump Sum Adjustment - Provider to Program	00100	Part A Info	03/01/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	558,585.	00301

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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

E10	Wkst E-1 Analysis of Payments to Providers for Services Rendered				
1	Part 1 - Analysis of Payment to Providers for Services Rendered				
00300	Retroactive Lump Sum Adjustment - Provider to Program	00300	Part B Info	05/07/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00400	Part B Amount	55,895.	00301
00300	Retroactive Lump Sum Adjustment - Provider to Program	00100	Part A Info	05/07/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	51,254.	00302
00300	Retroactive Lump Sum Adjustment - Provider to Program	00300	Part B Info	03/01/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00400	Part B Amount	11,072.	00350
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	609,839.	00399
00300	Retroactive Lump Sum Adjustment - Provider to Program	00400	Part B Amount	44,823.	00399
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00200	Part A Amount	103,399,904.	
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00400	Part B Amount	99,104,020.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00200	Part A Amount	105,541,830.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00400	Part B Amount	99,705,022.	
00800	FLORIDA	00000	Description		
00800	Contractor Information	00100	Part A Info	09001	Info
E30	Wkst E-3 Calculation of Reimbursement Settlement				
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19				
A19	Hospital Medicaid				
00800	Reasonable Charges - Routine Service Charges	00100	Title 5 or Title 19	1,199,703.	
00900	Reasonable Charges - Ancillary Service Charges	00100	Title 5 or Title 19	4,568,427.	
00900	Reasonable Charges - Ancillary Service Charges	00200	Title 5 or Title 19	1,961,544.	

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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

E30	Wkst E-3 Calculation of Reimbursement Settlement				
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19				
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00100	Title 5 or Title 19		5,768,130.
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00200	Title 5 or Title 19		1,961,544.
01600	Customary Charges - Total	00100	Title 5 or Title 19		5,768,130.
01600	Customary Charges - Total	00200	Title 5 or Title 19		1,961,544.
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00100	Title 5 or Title 19		5,768,130.
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00200	Title 5 or Title 19		1,961,544.
02200	Other than Outlier Payments	00100	Title 5 or Title 19		609,324.
02200	Other than Outlier Payments	00200	Title 5 or Title 19		152,135.
02600	Routine and Ancillary Service Other Pass Through Costs	00100	Title 5 or Title 19		991.
02600	Routine and Ancillary Service Other Pass Through Costs	00200	Title 5 or Title 19		155.
02700	Sub Total (Sum of Lines 22 Through 26)	00100	Title 5 or Title 19		610,315.
02700	Sub Total (Sum of Lines 22 Through 26)	00200	Title 5 or Title 19		152,290.
02800	Customary Charges (Title 19 PPS Covered Service Only)	00100	Title 5 or Title 19		5,768,131.
02800	Customary Charges (Title 19 PPS Covered Service Only)	00200	Title 5 or Title 19		1,961,543.
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00100	Title 5 or Title 19		610,315.
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00200	Title 5 or Title 19		152,290.
03100	Sub Total (Line 19 Though 21 Minus 29)	00100	Title 5 or Title 19		610,315.
03100	Sub Total (Line 19 Though 21 Minus 29)	00200	Title 5 or Title 19		152,290.
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00100	Title 5 or Title 19		610,315.
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00200	Title 5 or Title 19		152,290.
03700	PPS ADJUSTMENT	00000	Description		
03700	Other Adjustments	00100	Title 5 or Title 19		-610,315.
03700	Other Adjustments	00200	Title 5 or Title 19		-152,290.

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

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

E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost				
A18	Hospital Medicare				
01500	Adjustment for residents in initial years of new programs.	00100	Amount	46.64	FTEs
01500	Adjustment for residents in initial years of new programs.	00200	Other	17.01	FTEs
01501		00100	Amount	46.65	
01501		00200	Other	17.99	
01700	Ajusted Rolling Average FTE Count	00100	Amount	46.64	FTEs
01700	Ajusted Rolling Average FTE Count	00200	Other	17.01	FTEs
01800	Per Resident Amount	00100	Amount	98,216.24	
01800	Per Resident Amount	00200	Other	98,216.24	
01900	Approved Amount for Resident Costs	00100	Amount	4,580,805.	
01900	Approved Amount for Resident Costs	00200	Other	1,670,658.	
01900	Approved Amount for Resident Costs	00300	Total	6,251,463.	
02500	Total Direct GME Amount (Sum of Lines 19 and 24).	00100	Amount	6,251,463.	
02600	Inpatient Days	00100	Amount	48,137.	Days
02600	Inpatient Days	00200	Other	12,990.	Days
02700	Total Inpatient Days	00100	Amount	88,107.	Days
02700	Total Inpatient Days	00200	Other	88,107.	Days
02800	Ratio of Inpatient Days to Total Inpatient Days	00100	Amount	0.546347	Ratio
02800	Ratio of Inpatient Days to Total Inpatient Days	00200	Other	0.147434	Ratio
02900	Program Direct GME Amount	00100	Amount	3,415,468.	
02900	Program Direct GME Amount	00200	Other	921,678.	
03000	Reduction for Nursing/Allied Health	00200	Other	130,233.	
03100	Net Program Direct GME Amount	00300	Total	4,206,913.	
03300	Renal dialysis and home dialysis total charges (Wkst C Part 1 Col 08 Sum of lines 74 and 94)	00100	Amount	6,247,119.	
03700	Part A - Reasonable Cost (See Instructions)	00100	Amount	116,552,678.	
04000	Part A - Primary Payer Payments	00100	Amount	32,821.	
04100	Part A - Total Reasonable Cost (Sum of Lines 37 Through 39 Minus Line 40)	00100	Amount	116,519,857.	
04200	Part B - Reasonable Cost (See Instructions)	00100	Amount	126,493,830.	
04300	Part B - Primary Payer Payments (See Instructions)	00100	Amount	5,541.	

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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

E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost				
04400	Total Part B Reasonable Cost (line 42 minus line 43)	00100	Amount	126,488,289.	
04500	Total Reasonable Cost (Sum of lines 41 and 44)	00100	Amount	243,008,146.	
04600	Ratio of Part A Reasonable Cost to Total Reasonable Cost (Line 41 Divided by Line 45)	00100	Amount	0.48	
04700	Ratio of Part B Reasonable Cost to Total Reasonable Cost (Line 44 Divided by Line 45)	00100	Amount	0.52	
04800	Alloc of GME Cost - Total Program GME Payment (Line 31)	00100	Amount	4,206,913.	
04900	Alloc of GME Cost - Part A medicare GME Payment (Lines 46 times 48)	00100	Amount	2,017,173.	
05000	Alloc of GME Cost - Part B medicare GME Payment (Lines 47 times 48)	00100	Amount	2,189,740.	

100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

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

E00	Wkst E Calculation of Reimbursement Settlement				
A	Part A - Inpatient Hospital Services under PPS				
A18	Hospital Medicare				
00102	DRG Amounts other than outlier payments for discharges occurring after to October 1.	00100	Amounts	20,170,964.	
00204		00100	Amounts	386,554.	
00300	Managed Care Similated Payments.	00100	Amounts	5,993,867.	
00400	Bed days available divided by number of days in the cost reporting period.	00100	Amounts	337.96	Beds
00600	IME Adj - FTE count for allopathic and osteopathic programs which meet the criteria for new programs with section 1886(d)(5)(	00100	Amounts	79.05	FTEs
00900	IME Adj - (Sum of Lines 05 Plus 06 Minus Lines 07 and 7.01 Plus/Minus Line 08 plus lines 8.02 and 8.02)	00100	Amounts	79.05	FTEs
01000	IME Adj - FTE count for allopathic and osteopathic programs in the current year from your records.	00100	Amounts	69.78	FTEs
01200	IME Adj - Current Year Allowable FTEs (See Instructions)	00100	Amounts	69.78	FTEs

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

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

E00 Wkst E Calculation of Reimbursement Settlement					
A Part A - Inpatient Hospital Services under PPS					
01300	IME Adj - Total Allowable FTE Count For Prior Year	00100	Amounts	64.64	FTEs
01400	IME Adj - Total allowable FTE count for the penultimate year if year ended before 9-1-1997.	00100	Amounts	59.70	FTEs
01500	IME Adj - Total (Lines 12 to 14 Divided by Line 03) (See Instructions)	00100	Amounts	64.71	FTEs
01800	IME Adj - Adjusted Rolling Average FTE Count	00100	Amounts	64.71	FTEs
01900	IME Adj - Current Year Resident to Bed Ratio (Line 18 Divided by Line 04)	00100	Amounts	0.191472	Ratio
02000	IME Adj - Prior Year Resident to Bed Ratio (See Instructions)	00100	Amounts	0.191096	Ratio
02100	IME Adj - Enter the Lesser of Line 19 or Line 20 (See Instructions)	00100	Amounts	0.191096	Ratio
02200	IME Adj -IME Payment Adjustment (See Instructions)	00100	Amounts	1,998,519.	
02201		00100	Amounts	593,866.	
02400	IME Adj For Add-on - IME FTE Resident Count Over Cap (See Instructions)	00100	Amounts	-9.27	FTEs
02900	IME Adj For Add-on - Total IME Payment (Sum Lines 22 and 28)	00100	Amounts	1,998,519.	
02901		00100	Amounts	593,866.	
03000	DHS Adj - Percentage of SSI recipient patient days to Medicare part A patient days (see instructions).	00100	Amounts	1.33%	Percent
03100	DHS Adj - Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part 1.	00100	Amounts	3.34%	Percent
03200	DHS Adj - Sum of Lines 04 and 4.01	00100	Amounts	4.67%	Percent
04700	Sub Total (see instructions)	00100	Amounts	22,556,037.	
04900	Total Payment for Inpatient Operating Cost SCH and MDH Only	00100	Amounts	23,149,903.	
05000	Payment for Inpatient Program Capital (From Wkst L Parts 1,2 or 3)	00100	Amounts	1,804,504.	
05200	Direct Graduate Medical Education Payment (Wkst E-4 Line 49)	00100	Amounts	501,285.	
05300	Nursing and Allied Health Managed Care payment	00100	Amounts	23,100.	
05800	Ancillary Service Other Pass Through Costs	00100	Amounts	18,434.	

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

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

E00	Wkst E Calculation of Reimbursement Settlement				
A	Part A - Inpatient Hospital Services under PPS				
05900	Total (Sum of Amounts on Lines 49 Through 58)	00100	Amounts	25,497,226.	
06000	Primary Payer Payments	00100	Amounts	12,197.	
06100	Total Amount Payable for Program Beneficiaries (Line 59 Minus 60)	00100	Amounts	25,485,029.	
06200	Deductibles Billed to Program Beneficiaries	00100	Amounts	2,051,456.	
06300	Coinsurance Billed to Program Beneficiaries	00100	Amounts	63,426.	
06400	Reimbursable Bad Debts	00100	Amounts	128,873.	
06500	Adjusted Reimbursable Bad Debts	00100	Amounts	83,767.	
06600	Reimbursable Bad Debts for Dual Eligible Beneficiaries	00100	Amounts	30,237.	
06700	Sub Total (Lines 61 Plus Line 65 Minus Lines 62 and 63)	00100	Amounts	23,453,914.	
07000	Other Adjustments (Specify)	00100	Amounts	-125,165.	07093
07000	Other Adjustments (Specify)	00100	Amounts	-76,650.	07094
07000	Other Adjustments (Specify)	00100	Amounts	247,526.	07099
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	23,004,573.	
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	460,091.	07101
07200	Interim Payments	00100	Amounts	21,919,126.	
07400	Balance Due Provider(Program) (Line 71 Minus the Sum of Lines 72 and 73)	00100	Amounts	625,356.	
09100	Capital Outlier From Wkst L Part 1 Line 02	00100	Amounts	13,315.	
B	Part B - Medical and Other Health Services				
A18	Hospital Medicare				
00100	Medical and Other Services (See Instructions)	00100	Amounts	95.	
00200	Medical and other services reimbrused under OPPS (see instructions).	00100	Amounts	31,617,845.	
00300	PPS Payments Received	00100	Amounts	27,362,216.	
00400	Outlir Payments (See Instructions)	00100	Amounts	46,562.	
00900	Ancillary Service Other Pass Through Costs (Wkst D Part 4 Col 13 Line 200	00100	Amounts	96,392.	
01100	Total Cost (Sum of Lines 01 and 10)	00100	Amounts	95.	

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

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

E00 Wkst E Calculation of Reimbursement Settlement					
B Part B - Medical and Other Health Services					
01200	Reasonable Charges - Ancillary Services Charges	00100	Amounts	454.	
01400	Reasonable Charges - Total Reasonable Charges (Sum of Lines 12 and 13)	00100	Amounts	454.	
01800	Customary Charges - Total	00100	Amounts	454.	
01900	Excess of Customary Charges Over Reasonable Cost (Complete Only If Line 14 Exceeds 05)	00100	Amounts	359.	
02100	Lesser of Cost or Charges (Line 11 Minus Line 20) (For CAH, See Instructions)	00100	Amounts	95.	
02400	Total Prospective Payment (Sum of Lines 03,04,08,09)	00100	Amounts	27,505,170.	
02600	Reimbursement Settlement - Deductibles and Coinsurance relating to amount on line 17.01.	00100	Amounts	4,702,110.	
02700	Reimbursement Settlement - Sub Total (Line 21 and 24 Minus Lines 25 and 26)	00100	Amounts	22,803,155.	
02800	Reimbursement Settlement - Direct Graduate Medical Education Payments (Wkst E-4 Line 50)	00100	Amounts	555,960.	
03000	Reimbursement Settlement - Sub Total (Sum of Lines 27 Through 29)	00100	Amounts	23,359,115.	
03100	Reimbursement Settlement - Primary Payer Payments	00100	Amounts	950.	
03200	Reimbursement Settlement - Sub Total (Line 30 Minus Line 31)	00100	Amounts	23,358,165.	
03400	Bad Debts - Allowable Bad Debts	00100	Amounts	154,664.	
03500	Bad Debts - Adjusted Reimbursable Bad Debts	00100	Amounts	100,532.	
03600	Bad Debts - Reimbursable Bad Debts for Dual Eligible Beneficiaries	00100	Amounts	79,264.	
03700	Bad Debts - Sub Total (Sum of Lines 32, 33, 34 and 35)(Line 35 Hospital and Subprovider Only))	00100	Amounts	23,458,697.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	23,458,697.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	469,174.	04001
04100	Interim Payments	00100	Amounts	22,840,743.	

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

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

E00 Wkst E Calculation of Reimbursement Settlement					
B Part B - Medical and Other Health Services					
04300	Balance Due Provider/Program (Line 40 Minus the Sum of Lines 41 and 42)	00100	Amounts	148,780.	
09000	Completed by Contractor - Original Outlier Amount	00100	Amounts	46,562.	
E10 Wkst E-1 Analysis of Payments to Providers for Services Rendered					
1 Part 1 - Analysis of Payment to Providers for Services Rendered					
A18 Hospital Medicare					
00100	Total interim payments paid to provider	00200	Part A Amount	21,919,126.	
00100	Total interim payments paid to provider	00400	Part B Amount	22,840,743.	
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00200	Part A Amount	21,919,126.	
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00400	Part B Amount	22,840,743.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00200	Part A Amount	22,544,482.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00400	Part B Amount	22,989,523.	
00800	FLORIDA	00000	Description		
00800	Contractor Information	00100	Part A Info	09001	Info
E30 Wkst E-3 Calculation of Reimbursement Settlement					
7 Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19					
A19 Hospital Medicaid					
00200	Medical and Other Services	00200	Title 5 or Title 19	90,204.	
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00200	Title 5 or Title 19	90,204.	
00800	Reasonable Charges - Routine Service Charges	00100	Title 5 or Title 19	1,400,985.	
00900	Reasonable Charges - Ancillary Service Charges	00100	Title 5 or Title 19	625,428.	
00900	Reasonable Charges - Ancillary Service Charges	00200	Title 5 or Title 19	523,396.	
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00100	Title 5 or Title 19	2,026,413.	

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

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

E30 Wkst E-3 Calculation of Reimbursement Settlement					
7 Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19					
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00200	Title 5 or Title 19	523,396.	
01600	Customary Charges - Total	00100	Title 5 or Title 19	2,026,413.	
01600	Customary Charges - Total	00200	Title 5 or Title 19	523,396.	
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00100	Title 5 or Title 19	2,026,413.	
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00200	Title 5 or Title 19	433,192.	
02100	Cost of Covered Services (Line 07)	00200	Title 5 or Title 19	90,204.	
02200	Other than Outlier Payments	00100	Title 5 or Title 19	237,886.	
02600	Routine and Ancillary Service Other Pass Through Costs	00100	Title 5 or Title 19	135.	
02700	Sub Total (Sum of Lines 22 Through 26)	00100	Title 5 or Title 19	238,021.	
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00100	Title 5 or Title 19	238,021.	
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00200	Title 5 or Title 19	90,204.	
03100	Sub Total (Line 19 Though 21 Minus 29)	00100	Title 5 or Title 19	238,021.	
03100	Sub Total (Line 19 Though 21 Minus 29)	00200	Title 5 or Title 19	90,204.	
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00100	Title 5 or Title 19	238,021.	
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00200	Title 5 or Title 19	90,204.	
03700	PPS ADJUSTMENT	00000	Description		
03700	Other Adjustments	00100	Title 5 or Title 19	-135.	
03700	Other Adjustments	00200	Title 5 or Title 19	-50,997.	
03800	Sub Total (Lines 36 Plus or Minus 37)	00100	Title 5 or Title 19	237,886.	
03800	Sub Total (Lines 36 Plus or Minus 37)	00200	Title 5 or Title 19	39,207.	
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00100	Title 5 or Title 19	237,886.	
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00200	Title 5 or Title 19	39,207.	
04100	Interim Payments	00100	Title 5 or Title 19	237,886.	
04100	Interim Payments	00200	Title 5 or Title 19	39,207.	

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

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

E40 Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost					
A18 Hospital Medicare					
00200	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions).	00100	Amount	19.92	FTEs
00500	FTE Adjustment Cap (Sum of Lines 1 Plus Line 2 Minus Line 3 and 3.01 Plus/Minus Line 4 Plus Line 4.01 and Line 4.02)	00100	Amount	19.92	FTEs
00600	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records.	00100	Amount	17.59	FTEs
00700	Enter the lessor of line 05 or 06	00100	Amount	17.59	FTEs
00800	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	00100	Amount	11.66	FTEs
00800	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	00200	Other	5.85	FTEs
00800	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	00300	Total	17.51	FTEs
00900	If line 06 is less than 05 enter the amount from line 8 otherwise multiply line 8 times the result of line 5 divided by line	00100	Amount	11.66	FTEs
00900	If line 06 is less than 05 enter the amount from line 8 otherwise multiply line 8 times the result of line 5 divided by line	00200	Other	5.85	FTEs
00900	If line 06 is less than 05 enter the amount from line 8 otherwise multiply line 8 times the result of line 5 divided by line	00300	Total	17.51	FTEs
01100	Total Weighted FTE Count	00100	Amount	11.66	FTEs
01100	Total Weighted FTE Count	00200	Other	5.85	FTEs
01200	Total weighted resident FTE count for the prior cost reporting year (see instructions).	00100	Amount	11.76	FTEs
01200	Total weighted resident FTE count for the prior cost reporting year (see instructions).	00200	Other	4.29	FTEs
01300	Total weighted resident FTE count for the penultimate cost reporting year (see instructions).	00100	Amount	12.03	FTEs

CR Hospital Reference Report 2019

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

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

Line	Description	Col	Column Desc	Line Value	Type
E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost				
01300	Total weighted resident FTE count for the penultimate cost reporting year (see instructions).	00200	Other	2.96	FTEs
01400	Rolling average FTE COUNT (sum line 11 through 13 divided by 3)	00100	Amount	11.82	FTEs
01400	Rolling average FTE COUNT (sum line 11 through 13 divided by 3)	00200	Other	4.37	FTEs
01700	Ajusted Rolling Average FTE Count	00100	Amount	11.82	FTEs
01700	Ajusted Rolling Average FTE Count	00200	Other	4.37	FTEs
01800	Per Resident Amount	00100	Amount	100,200.21	
01800	Per Resident Amount	00200	Other	100,200.21	
01900	Approved Amount for Resident Costs	00100	Amount	1,184,366.	
01900	Approved Amount for Resident Costs	00200	Other	437,875.	
01900	Approved Amount for Resident Costs	00300	Total	1,622,241.	
02500	Total Direct GME Amount (Sum of Lines 19 and 24).	00100	Amount	1,622,241.	
02600	Inpatient Days	00100	Amount	10,320.	Days
02600	Inpatient Days	00200	Other	3,372.	Days
02700	Total Inpatient Days	00100	Amount	20,278.	Days
02700	Total Inpatient Days	00200	Other	20,278.	Days
02800	Ratio of Inpatient Days to Total Inpatient Days	00100	Amount	0.508926	Ratio
02800	Ratio of Inpatient Days to Total Inpatient Days	00200	Other	0.166289	Ratio
02900	Program Direct GME Amount	00100	Amount	825,601.	
02900	Program Direct GME Amount	00200	Other	269,761.	
03000	Reduction for Nursing/Allied Health	00200	Other	38,117.	
03100	Net Program Direct GME Amount	00300	Total	1,057,245.	
03300	Renal dialysis and home dialysis total charges (Wkst C Part 1 Col 08 Sum of lines 74 and 94)	00100	Amount	1,302,206.	
03700	Part A - Reasonable Cost (See Instructions)	00100	Amount	28,606,844.	
04000	Part A - Primary Payer Payments	00100	Amount	12,197.	
04100	Part A - Total Reasonable Cost (Sum of Lines 37 Thourgh 39 Minus Line 40)	00100	Amount	28,594,647.	
04200	Part B - Reasonable Cost (See Instructions)	00100	Amount	31,714,332.	
04300	Part B - Primary Payer Payments (See Instructions)	00100	Amount	950.	

CR Hospital Reference Report 2019

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

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

E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost			
04400	Total Part B Reasonable Cost (line 42 minus line 43)	00100	Amount	31,713,382.
04500	Total Reasonable Cost (Sum of lines 41 and 44)	00100	Amount	60,308,029.
04600	Ratio of Part A Reasonable Cost to Total Reasonable Cost (Line 41 Divided by Line 45)	00100	Amount	0.47
04700	Ratio of Part B Reasonable Cost to Total Reasonable Cost (Line 44 Divided by Line 45)	00100	Amount	0.53
04800	Alloc of GME Cost - Total Program GME Payment (Line 31)	00100	Amount	1,057,245.
04900	Alloc of GME Cost - Part A medicare GME Payment (Lines 46 times 48)	00100	Amount	501,285.
05000	Alloc of GME Cost - Part B medicare GME Payment (Lines 47 times 48)	00100	Amount	555,960.

100176 PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410

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

E00	Wkst E Calculation of Reimbursement Settlement			
A	Part A - Inpatient Hospital Services under PPS			
A18	Hospital Medicare			
00101	DRG Amounts other than outlier payments for discharges occurring prior to October 1.	00100	Amounts	32,543,161.
00102	DRG Amounts other than outlier payments for discharges occurring after to October 1.	00100	Amounts	10,571,121.
00203		00100	Amounts	1,867,389.
00204		00100	Amounts	655,095.
00300	Managed Care Simulated Payments.	00100	Amounts	24,072,606.
00400	Bed days available divided by number of days in the cost reporting period.	00100	Amounts	180.57 Beds
03000	DHS Adj - Percentage of SSI recipient patient days to Medicare part A patient days (see instructions).	00100	Amounts	3.79% Percent
03100	DHS Adj - Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part 1.	00100	Amounts	8.02% Percent
03200	DHS Adj - Sum of Lines 04 and 4.01	00100	Amounts	11.81% Percent
04700	Sub Total (see instructions)	00100	Amounts	45,636,766.

CR Hospital Reference Report 2019

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

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

E00					
Wkst E Calculation of Reimbursement Settlement					
A					
Part A - Inpatient Hospital Services under PPS					
04900	Total Payment for Inpatient Operating Cost SCH and MDH Only	00100	Amounts	45,636,766.	
05000	Payment for Inpatient Program Capital (From Wkst L Parts 1,2 or 3)	00100	Amounts	3,710,607.	
05400	Special Addon Payments for New Technologies	00100	Amounts	3,320.	
05900	Total (Sum of Amounts on Lines 49 Through 58)	00100	Amounts	49,350,693.	
06100	Total Amount Payable for Program Beneficiaries (Line 59 Minus 60)	00100	Amounts	49,350,693.	
06200	Deductibles Billed to Program Beneficiaries	00100	Amounts	4,198,892.	
06300	Coinsurance Billed to Program Beneficiaries	00100	Amounts	158,224.	
06400	Reimbursable Bad Debts	00100	Amounts	575,760.	
06500	Adjusted Reimbursable Bad Debts	00100	Amounts	374,244.	
06600	Reimbursable Bad Debts for Dual Eligible Beneficiaries	00100	Amounts	269,773.	
06700	Sub Total (Lines 61 Plus Line 65 Minus Lines 62 and 63)	00100	Amounts	45,367,821.	
07000	Other Adjustments (Specify)	00100	Amounts	257,426.	07093
07000	Other Adjustments (Specify)	00100	Amounts	-625,040.	07094
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	45,000,207.	
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	900,004.	07101
07200	Interim Payments	00100	Amounts	44,344,176.	
07400	Balance Due Provider(Program) (Line 71 Minus the Sum of Lines 72 and 73)	00100	Amounts	-243,973.	
07500	Protested Amounts (Non Allowable Cost Report Items) in Accordance with CMS Pub. 15-2 Section 115.2	00100	Amounts	689,829.	
09000	Operating Outlier Reconciliation Amount from Wkst E Part A Line 02	00100	Amounts	2,522,484.	
09100	Capital Outlier From Wkst L Part 1 Line 02	00100	Amounts	151,600.	
B					
Part B - Medical and Other Health Services					
A18					
Hospital Medicare					
00100	Medical and Other Services (See Instructions)	00100	Amounts	4,115.	

CR Hospital Reference Report 2019

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

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

E00 Wkst E Calculation of Reimbursement Settlement					
B Part B - Medical and Other Health Services					
00200	Medical and other services reimbrused under OPPS (see instructions).	00100	Amounts	17,681,919.	
00300	PPS Payments Received	00100	Amounts	17,263,715.	
00400	Outlir Payments (See Instructions)	00100	Amounts	91,661.	
01100	Total Cost (Sum of Lines 01 and 10)	00100	Amounts	4,115.	
01200	Reasonable Charges - Ancillary Services Charges	00100	Amounts	80,430.	
01400	Reasonable Charges - Total Reasonable Charges (Sum of Lines 12 and 13)	00100	Amounts	80,430.	
01800	Customary Charges - Total	00100	Amounts	80,430.	
01900	Excess of Customary Charges Over Reasonable Cost (Complete Only If Line 14 Exceeds 05)	00100	Amounts	76,315.	
02100	Lesser of Cost or Charges (Line 11 Minus Line 20) (For CAH, See Instructions)	00100	Amounts	4,115.	
02400	Total Prospective Payment (Sum of Lines 03,04,08,09)	00100	Amounts	17,355,376.	
02600	Reimbursement Settlement - Deductibles and Coinsurance relating to amount on line 17.01.	00100	Amounts	2,614,656.	
02700	Reimbursement Settlement - Sub Total (Line 21 and 24 Minus Lines 25 and 26)	00100	Amounts	14,744,835.	
03000	Reimbursement Settlement - Sub Total (Sum of Lines 27 Through 29)	00100	Amounts	14,744,835.	
03100	Reimbursement Settlement - Primary Payer Payments	00100	Amounts	538.	
03200	Reimbursement Settlement - Sub Total (Line 30 Minus Line 31)	00100	Amounts	14,744,297.	
03400	Bad Debts - Allowable Bad Debts	00100	Amounts	264,325.	
03500	Bad Debts - Adjusted Reimbursalbe Bad Debts	00100	Amounts	171,811.	
03600	Bad Debts - Reimbursable Bad Debts for Dual Eligible Beneficiaries	00100	Amounts	106,655.	
03700	Bad Debts - Sub Total (Sum of Lines 32, 33, 34 and 35)(Line 35 Hospital and Subprovider Only))	00100	Amounts	14,916,108.	
03800	MSP-LCC Reconciliation Amount From PS&R	00100	Amounts	29.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	14,916,079.	

CR Hospital Reference Report 2019

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

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

E00	Wkst E Calculation of Reimbursement Settlement				
B	Part B - Medical and Other Health Services				
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	298,322.	04001
04100	Interim Payments	00100	Amounts	14,445,625.	
04300	Balance Due Provider/Program (Line 40 Minus the Sum of Lines 41 and 42)	00100	Amounts	172,132.	
04400	Worksheet E Part B Protested Amounts (Nonallowable Cost Report Items) in Accordance With CMS 15-2	00100	Amounts	3,623.	
09000	Completed by Contractor - Original Outlier Amount	00100	Amounts	91,661.	
E10	Wkst E-1 Analysis of Payments to Providers for Services Rendered				
1	Part 1 - Analysis of Payment to Providers for Services Rendered				
A18	Hospital Medicare				
00100	Total interim payments paid to provider	00200	Part A Amount	44,213,817.	
00100	Total interim payments paid to provider	00400	Part B Amount	14,445,625.	
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	130,359.	00301
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	130,359.	00399
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00200	Part A Amount	44,344,176.	
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00400	Part B Amount	14,445,625.	
00602	Tentative Settlement Payment - Provider to Program	00200	Part A Amount	243,973.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00200	Part A Amount	44,100,203.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00400	Part B Amount	14,617,757.	
00800	NOVITAS SOLUTIONS	00000	Description		
00800	Contractor Information	00100	Part A Info	04011	Info

CR Hospital Reference Report 2019

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

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

Line	Description	Col	Column Desc	Line Value	Type
E30	Wkst E-3 Calculation of Reimbursement Settlement				
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19				
A19	Hospital Medicaid				
00100	Inpatient Hospital/SNF/NF Services	00100	Title 5 or Title 19	3,352,302.	
00200	Medical and Other Services	00200	Title 5 or Title 19	455,731.	
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00100	Title 5 or Title 19	3,352,302.	
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00200	Title 5 or Title 19	455,731.	
00800	Reasonable Charges - Routine Service Charges	00100	Title 5 or Title 19	7,450,828.	
00900	Reasonable Charges - Ancillary Service Charges	00100	Title 5 or Title 19	25,556,629.	
00900	Reasonable Charges - Ancillary Service Charges	00200	Title 5 or Title 19	7,426,083.	
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00100	Title 5 or Title 19	33,007,457.	
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00200	Title 5 or Title 19	7,426,083.	
01600	Customary Charges - Total	00100	Title 5 or Title 19	33,007,457.	
01600	Customary Charges - Total	00200	Title 5 or Title 19	7,426,083.	
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00100	Title 5 or Title 19	29,655,155.	
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00200	Title 5 or Title 19	6,970,352.	
02100	Cost of Covered Services (Line 07)	00100	Title 5 or Title 19	3,352,302.	
02100	Cost of Covered Services (Line 07)	00200	Title 5 or Title 19	455,731.	
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00100	Title 5 or Title 19	3,352,302.	
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00200	Title 5 or Title 19	455,731.	
03100	Sub Total (Line 19 Though 21 Minus 29)	00100	Title 5 or Title 19	3,352,302.	
03100	Sub Total (Line 19 Though 21 Minus 29)	00200	Title 5 or Title 19	455,731.	
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00100	Title 5 or Title 19	3,352,302.	
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00200	Title 5 or Title 19	455,731.	
03800	Sub Total (Lines 36 Plus or Minus 37)	00100	Title 5 or Title 19	3,352,302.	

CR Hospital Reference Report 2019

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

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

E30	Wkst E-3 Calculation of Reimbursement Settlement				
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19				
03800	Sub Total (Lines 36 Plus or Minus 37)	00200	Title 5 or Title 19	455,731.	
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00100	Title 5 or Title 19	3,352,302.	
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00200	Title 5 or Title 19	455,731.	
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00100	Title 5 or Title 19	3,352,302.	
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00200	Title 5 or Title 19	455,731.	

100253 JUPITER MEDICAL CENTER JUPITER, FL 33458

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

E00	Wkst E Calculation of Reimbursement Settlement				
A	Part A - Inpatient Hospital Services under PPS				
A18	Hospital Medicare				
00102	DRG Amounts other than outlier payments for discharges occurring after to October 1.	00100	Amounts	42,901,488.	
00204		00100	Amounts	1,815,280.	
00400	Bed days available divided by number of days in the cost reporting period.	00100	Amounts	193.80	Beds
03000	DHS Adj - Percentage of SSI recipient patient days to Medicare part A patient days (see instructions).	00100	Amounts	1.07%	Percent
03100	DHS Adj - Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part 1.	00100	Amounts	7.12%	Percent
03200	DHS Adj - Sum of Lines 04 and 4.01	00100	Amounts	8.19%	Percent
04700	Sub Total (see instructions)	00100	Amounts	44,716,768.	
04900	Total Payment for Inpatient Operating Cost SCH and MDH Only	00100	Amounts	44,716,768.	
05000	Payment for Inpatient Program Capital (From Wkst L Parts 1,2 or 3)	00100	Amounts	3,725,139.	
05900	Total (Sum of Amounts on Lines 49 Through 58)	00100	Amounts	48,441,907.	
06000	Primary Payer Payments	00100	Amounts	5,658.	
06100	Total Amount Payable for Program Beneficiaries (Line 59 Minus 60)	00100	Amounts	48,436,249.	

CR Hospital Reference Report 2019

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

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

E00	Wkst E Calculation of Reimbursement Settlement				
A	Part A - Inpatient Hospital Services under PPS				
06200	Deductibles Billed to Program Beneficiaries	00100	Amounts	4,868,042.	
06300	Coinsurance Billed to Program Beneficiaries	00100	Amounts	25,467.	
06400	Reimbursable Bad Debts	00100	Amounts	78,719.	
06500	Adjusted Reimbursable Bad Debts	00100	Amounts	51,167.	
06700	Sub Total (Lines 61 Plus Line 65 Minus Lines 62 and 63)	00100	Amounts	43,593,907.	
07000	Other Adjustments (Specify)	00100	Amounts	281,877.	07093
07000	Other Adjustments (Specify)	00100	Amounts	-4,288.	07094
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	43,871,496.	
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	877,430.	07101
07200	Interim Payments	00100	Amounts	42,973,417.	
07400	Balance Due Provider(Program) (Line 71 Minus the Sum of Lines 72 and 73)	00100	Amounts	20,649.	
07500	Protested Amounts (Non Allowable Cost Report Items) in Accordance with CMS Pub. 15-2 Section 115.2	00100	Amounts	643,522.	
09000	Operating Outlier Reconciliation Amount from Wkst E Part A Line 02	00100	Amounts	1,815,280.	
09100	Capital Outlier From Wkst L Part 1 Line 02	00100	Amounts	166,271.	
B	Part B - Medical and Other Health Services				
A18	Hospital Medicare				
00100	Medical and Other Services (See Instructions)	00100	Amounts	2,910.	
00200	Medical and other services reimbrused under OPPS (see instructions).	00100	Amounts	40,072,471.	
00300	PPS Payments Received	00100	Amounts	35,969,742.	
00400	Outlir Payments (See Instructions)	00100	Amounts	101,241.	
01100	Total Cost (Sum of Lines 01 and 10)	00100	Amounts	2,910.	
01200	Reasonable Charges - Ancillary Services Charges	00100	Amounts	17,003.	
01400	Reasonable Charges - Total Reasonable Charges (Sum of Lines 12 and 13)	00100	Amounts	17,003.	
01800	Customary Charges - Total	00100	Amounts	17,003.	

CR Hospital Reference Report 2019

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

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

E00	Wkst E Calculation of Reimbursement Settlement				
B	Part B - Medical and Other Health Services				
01900	Excess of Customary Charges Over Reasonable Cost (Complete Only If Line 14 Exceeds 05)	00100	Amounts	14,093.	
02100	Lesser of Cost or Charges (Line 11 Minus Line 20) (For CAH, See Instructions)	00100	Amounts	2,910.	
02400	Total Prospective Payment (Sum of Lines 03,04,08,09)	00100	Amounts	36,070,983.	
02600	Reimbursement Settlement - Deductibles and Coinsurance relating to amount on line 17.01.	00100	Amounts	6,923,148.	
02700	Reimbursement Settlement - Sub Total (Line 21 and 24 Minus Lines 25 and 26)	00100	Amounts	29,150,745.	
03000	Reimbursement Settlement - Sub Total (Sum of Lines 27 Through 29)	00100	Amounts	29,150,745.	
03100	Reimbursement Settlement - Primary Payer Payments	00100	Amounts	8,777.	
03200	Reimbursement Settlement - Sub Total (Line 30 Minus Line 31)	00100	Amounts	29,141,968.	
03400	Bad Debts - Allowable Bad Debts	00100	Amounts	75,114.	
03500	Bad Debts - Adjusted Reimbursable Bad Debts	00100	Amounts	48,824.	
03700	Bad Debts - Sub Total (Sum of Lines 32, 33, 34 and 35)(Line 35 Hospital and Subprovider Only)	00100	Amounts	29,190,792.	
03900	OTHER ADJUSTMENT	00000	Description		
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	29,190,792.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	583,816.	04001
04100	Interim Payments	00100	Amounts	28,573,128.	
04300	Balance Due Provider/Program (Line 40 Minus the Sum of Lines 41 and 42)	00100	Amounts	33,848.	
09000	Completed by Contractor - Original Outlier Amount	00100	Amounts	101,241.	
E10	Wkst E-1 Analysis of Payments to Providers for Services Rendered				
1	Part 1 - Analysis of Payment to Providers for Services Rendered				
A18	Hospital Medicare				
00100	Total interim payments paid to provider	00200	Part A Amount	42,946,478.	

CR Hospital Reference Report 2019

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

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

E10	Wkst E-1 Analysis of Payments to Providers for Services Rendered				
1	Part 1 - Analysis of Payment to Providers for Services Rendered				
00100	Total interim payments paid to provider	00400	Part B Amount	28,557,106.	
00300	Retroactive Lump Sum Adjustment - Provider to Program	00100	Part A Info	06/20/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	26,939.	00301
00300	Retroactive Lump Sum Adjustment - Provider to Program	00300	Part B Info	06/20/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00400	Part B Amount	16,022.	00301
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	26,939.	00399
00300	Retroactive Lump Sum Adjustment - Provider to Program	00400	Part B Amount	16,022.	00399
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00200	Part A Amount	42,973,417.	
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00400	Part B Amount	28,573,128.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00200	Part A Amount	42,994,066.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00400	Part B Amount	28,606,976.	
00800	FLORIDA	00000	Description		
00800	Contractor Information	00100	Part A Info	09001	Info
E30	Wkst E-3 Calculation of Reimbursement Settlement				
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19				
A19	Hospital Medicaid				
00200	Medical and Other Services	00200	Title 5 or Title 19	428,063.	
00500	Inpatient Primary Payer Payments	00100	Title 5 or Title 19	76,243.	
00600	Outpatient Primary Payer Payments	00200	Title 5 or Title 19	-9,691.	
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00100	Title 5 or Title 19	-76,243.	
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00200	Title 5 or Title 19	437,754.	

CR Hospital Reference Report 2019

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

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

E30	Wkst E-3 Calculation of Reimbursement Settlement			
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19			
00800	Reasonable Charges - Routine Service Charges	00100	Title 5 or Title 19	2,150,890.
00900	Reasonable Charges - Ancillary Service Charges	00100	Title 5 or Title 19	6,986,516.
00900	Reasonable Charges - Ancillary Service Charges	00200	Title 5 or Title 19	3,016,738.
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00100	Title 5 or Title 19	9,137,406.
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00200	Title 5 or Title 19	3,016,738.
01600	Customary Charges - Total	00100	Title 5 or Title 19	9,137,406.
01600	Customary Charges - Total	00200	Title 5 or Title 19	3,016,738.
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00100	Title 5 or Title 19	9,137,406.
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00200	Title 5 or Title 19	2,588,675.
02100	Cost of Covered Services (Line 07)	00200	Title 5 or Title 19	428,063.
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00200	Title 5 or Title 19	428,063.
03100	Sub Total (Line 19 Though 21 Minus 29)	00100	Title 5 or Title 19	-76,243.
03100	Sub Total (Line 19 Though 21 Minus 29)	00200	Title 5 or Title 19	437,754.
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00100	Title 5 or Title 19	-76,243.
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00200	Title 5 or Title 19	437,754.
03800	Sub Total (Lines 36 Plus or Minus 37)	00100	Title 5 or Title 19	-76,243.
03800	Sub Total (Lines 36 Plus or Minus 37)	00200	Title 5 or Title 19	437,754.
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00100	Title 5 or Title 19	-76,243.
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00200	Title 5 or Title 19	437,754.
04100	Interim Payments	00100	Title 5 or Title 19	829,659.
04100	Interim Payments	00200	Title 5 or Title 19	254,062.
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00100	Title 5 or Title 19	-905,902.
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00200	Title 5 or Title 19	183,692.

CR Hospital Reference Report 2019

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

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

E00	Wkst E Calculation of Reimbursement Settlement				
A	Part A - Inpatient Hospital Services under PPS				
A18	Hospital Medicare				
00101	DRG Amounts other than outlier payments for discharges occurring prior to October 1.	00100	Amounts	62,740,997.	
00102	DRG Amounts other than outlier payments for discharges occurring after to October 1.	00100	Amounts	21,361,318.	
00203		00100	Amounts	1,754,542.	
00204		00100	Amounts	513,356.	
00300	Managed Care Similated Payments.	00100	Amounts	47,139,367.	
00400	Bed days available divided by number of days in the cost reporting period.	00100	Amounts	310.47	Beds
00600	IME Adj - FTE count for allopathic and osteopathic programs which meet the criteria for new programs with section 1886(d)(5)(	00100	Amounts	19.28	FTEs
00900	IME Adj - (Sum of Lines 05 Plus 06 Minus Lines 07 and 7.01 Plus/Minus Line 08 plus lines 8.02 and 8.02)	00100	Amounts	19.28	FTEs
01000	IME Adj - FTE count for allopathic and osteopathic programs in the current year from your records.	00100	Amounts	24.22	FTEs
01200	IME Adj - Current Year Allowable FTEs (See Instructions)	00100	Amounts	19.28	FTEs
01300	IME Adj - Total Allowable FTE Count For Prior Year	00100	Amounts	19.28	FTEs
01400	IME Adj - Total allowable FTE count for the penultimate year if year ended before 9-1-1997.	00100	Amounts	19.28	FTEs
01500	IME Adj - Total (Lines 12 to 14 Divided by Line 03) (See Instructions)	00100	Amounts	19.28	FTEs
01800	IME Adj - Adjusted Rolling Average FTE Count	00100	Amounts	19.28	FTEs
01900	IME Adj - Current Year Resident to Bed Ratio (Line 18 Divided by Line 04)	00100	Amounts	0.062099	Ratio
02000	IME Adj - Prior Year Resident to Bed Ratio (See Instructions)	00100	Amounts	0.060403	Ratio
02100	IME Adj - Enter the Lesser of Line 19 or Line 20 (See Instructions)	00100	Amounts	0.060403	Ratio
02200	IME Adj -IME Payment Adjustment (See Instructions)	00100	Amounts	2,729,120.	
02201		00100	Amounts	1,529,672.	

CR Hospital Reference Report 2019

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

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

E00	Wkst E Calculation of Reimbursement Settlement			
A	Part A - Inpatient Hospital Services under PPS			
02400	IME Adj For Add-on - IME FTE Resident Count Over Cap (See Instructions)	00100	Amounts	4.94 FTEs
02900	IME Adj For Add-on - Total IME Payment (Sum Lines 22 and 28)	00100	Amounts	2,729,120.
02901		00100	Amounts	1,529,672.
03000	DHS Adj - Percentage of SSI recipient patient days to Medicare part A patient days (see instructions).	00100	Amounts	3.38% Percent
03100	DHS Adj - Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part 1.	00100	Amounts	9.22% Percent
03200	DHS Adj - Sum of Lines 04 and 4.01	00100	Amounts	12.60% Percent
04700	Sub Total (see instructions)	00100	Amounts	89,099,333.
04900	Total Payment for Inpateint Operating Cost SCH and MDH Only	00100	Amounts	90,629,005.
05000	Payment for Inpatient Program Captial (From Wkst L Parts 1,2 or 3)	00100	Amounts	7,151,613.
05200	Direct Graduate Medical Education Payment (Wkst E-4 Line 49)	00100	Amounts	965,820.
05900	Total (Sum of Amounts on Lines 49 Through 58)	00100	Amounts	98,746,438.
06000	Primary Payer Payments	00100	Amounts	93,514.
06100	Total Amount Payable for Program Beneficiaries (Line 59 Minus 60)	00100	Amounts	98,652,924.
06200	Deductibles Billed to Program Beneficiaries	00100	Amounts	8,591,112.
06300	Coinsurance Billed to Program Beneficiaries	00100	Amounts	297,261.
06400	Reimbursable Bad Debts	00100	Amounts	756,908.
06500	Adjusted Reimbursable Bad Debts	00100	Amounts	491,990.
06600	Reimbursable Bad Debts for Dual Eligible Beneficiaries	00100	Amounts	343,221.
06700	Sub Total (Lines 61 Plus Line 65 Minus Lines 62 and 63)	00100	Amounts	90,256,541.
07000	Other Adjustments (Specify)	00100	Amounts	-78,143. 07093
07000	Other Adjustments (Specify)	00100	Amounts	-474,303. 07094
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	89,704,095.
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	1,794,082. 07101

CR Hospital Reference Report 2019

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

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

E00	Wkst E Calculation of Reimbursement Settlement				
A	Part A - Inpatient Hospital Services under PPS				
07200	Interim Payments	00100	Amounts	88,314,944.	
07400	Balance Due Provider(Program) (Line 71 Minus the Sum of Lines 72 and 73)	00100	Amounts	-404,931.	
07500	Protested Amounts (Non Allowable Cost Report Items) in Accordance with CMS Pub. 15-2 Section 115.2	00100	Amounts	1,413,778.	
09000	Operating Outlier Reconciliation Amount from Wkst E Part A Line 02	00100	Amounts	2,267,898.	
09100	Capital Outlier From Wkst L Part 1 Line 02	00100	Amounts	48,480.	
B	Part B - Medical and Other Health Services				
A18	Hospital Medicare				
00100	Medical and Other Services (See Instructions)	00100	Amounts	3,226.	
00200	Medical and other services reimbrused under OPPS (see instructions).	00100	Amounts	24,193,965.	
00300	PPS Payments Received	00100	Amounts	24,224,205.	
00400	Outlir Payments (See Instructions)	00100	Amounts	140,046.	
01100	Total Cost (Sum of Lines 01 and 10)	00100	Amounts	3,226.	
01200	Reasonable Charges - Ancillary Services Charges	00100	Amounts	71,502.	
01400	Reasonable Charges - Total Reasonable Charges (Sum of Lines 12 and 13)	00100	Amounts	71,502.	
01800	Customary Charges - Total	00100	Amounts	71,502.	
01900	Excess of Customary Charges Over Reasonable Cost (Complete Only If Line 14 Exceeds 05)	00100	Amounts	68,276.	
02100	Lesser of Cost or Charges (Line 11 Minus Line 20) (For CAH, See Instructions)	00100	Amounts	3,226.	
02400	Total Prospective Payment (Sum of Lines 03,04,08,09)	00100	Amounts	24,364,251.	
02600	Reimbursement Settlement - Deductibles and Coinsurance relating to amount on line 17.01.	00100	Amounts	4,129,195.	
02700	Reimbursement Settlement - Sub Total (Line 21 and 24 Minus Lines 25 and 26)	00100	Amounts	20,238,282.	
02800	Reimbursement Settlement - Direct Graduate Medical Education Payments (Wkst E-4 Line 50)	00100	Amounts	205,196.	

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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

E00	Wkst E Calculation of Reimbursement Settlement				
B	Part B - Medical and Other Health Services				
03000	Reimbursement Settlement - Sub Total (Sum of Lines 27 Through 29)	00100	Amounts	20,443,478.	
03100	Reimbursement Settlement - Primary Payer Payments	00100	Amounts	247.	
03200	Reimbursement Settlement - Sub Total (Line 30 Minus Line 31)	00100	Amounts	20,443,231.	
03400	Bad Debts - Allowable Bad Debts	00100	Amounts	270,587.	
03500	Bad Debts - Adjusted Reimbursable Bad Debts	00100	Amounts	175,882.	
03600	Bad Debts - Reimbursable Bad Debts for Dual Eligible Beneficiaries	00100	Amounts	137,706.	
03700	Bad Debts - Sub Total (Sum of Lines 32, 33, 34 and 35)(Line 35 Hospital and Subprovider Only)	00100	Amounts	20,619,113.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	20,619,113.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	412,382.	04001
04100	Interim Payments	00100	Amounts	19,831,293.	
04300	Balance Due Provider/Program (Line 40 Minus the Sum of Lines 41 and 42)	00100	Amounts	375,438.	
04400	Worksheet E Part B Protested Amounts (Nonallowable Cost Report Items) in Accordance With CMS 15-2	00100	Amounts	6,605.	
09000	Completed by Contractor - Original Outlier Amount	00100	Amounts	140,046.	
B18	IPF Medicare				
00100	Medical and Other Services (See Instructions)	00100	Amounts	184.	
00200	Medical and other services reimbursed under OPPS (see instructions).	00100	Amounts	2,658.	
00300	PPS Payments Received	00100	Amounts	3,969.	
01100	Total Cost (Sum of Lines 01 and 10)	00100	Amounts	184.	
01200	Reasonable Charges - Ancillary Services Charges	00100	Amounts	4,074.	
01400	Reasonable Charges - Total Reasonable Charges (Sum of Lines 12 and 13)	00100	Amounts	4,074.	
01800	Customary Charges - Total	00100	Amounts	4,074.	

CR Hospital Reference Report 2019

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

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

E00 Wkst E Calculation of Reimbursement Settlement					
B Part B - Medical and Other Health Services					
01900	Excess of Customary Charges Over Reasonable Cost (Complete Only If Line 14 Exceeds 05)	00100	Amounts	3,890.	
02100	Lesser of Cost or Charges (Line 11 Minus Line 20) (For CAH, See Instructions)	00100	Amounts	184.	
02400	Total Prospective Payment (Sum of Lines 03,04,08,09)	00100	Amounts	3,969.	
02600	Reimbursement Settlement - Deductibles and Coinsurance relating to amount on line 17.01.	00100	Amounts	638.	
02700	Reimbursement Settlement - Sub Total (Line 21 and 24 Minus Lines 25 and 26)	00100	Amounts	3,515.	
03000	Reimbursement Settlement - Sub Total (Sum of Lines 27 Through 29)	00100	Amounts	3,515.	
03200	Reimbursement Settlement - Sub Total (Line 30 Minus Line 31)	00100	Amounts	3,515.	
03700	Bad Debts - Sub Total (Sum of Lines 32, 33, 34 and 35)(Line 35 Hospital and Subprovider Only))	00100	Amounts	3,515.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	3,515.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	70.	04001
04100	Interim Payments	00100	Amounts	3,484.	
04300	Balance Due Provider/Program (Line 40 Minus the Sum of Lines 41 and 42)	00100	Amounts	-39.	
C18 IRF Medicare					
00100	Medical and Other Services (See Instructions)	00100	Amounts	171.	
00200	Medical and other services reimbrused under OPPS (see instructions).	00100	Amounts	1,096.	
00300	PPS Payments Received	00100	Amounts	1,921.	
01100	Total Cost (Sum of Lines 01 and 10)	00100	Amounts	171.	
01200	Reasonable Charges - Ancillary Services Charges	00100	Amounts	3,787.	
01400	Reasonable Charges - Total Reasonable Charges (Sum of Lines 12 and 13)	00100	Amounts	3,787.	
01800	Customary Charges - Total	00100	Amounts	3,787.	

CR Hospital Reference Report 2019

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

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

E00	Wkst E Calculation of Reimbursement Settlement				
B	Part B - Medical and Other Health Services				
01900	Excess of Customary Charges Over Reasonable Cost (Complete Only If Line 14 Exceeds 05)	00100	Amounts	3,616.	
02100	Lesser of Cost or Charges (Line 11 Minus Line 20) (For CAH, See Instructions)	00100	Amounts	171.	
02400	Total Prospective Payment (Sum of Lines 03,04,08,09)	00100	Amounts	1,921.	
02600	Reimbursement Settlement - Deductibles and Coinsurance relating to amount on line 17.01.	00100	Amounts	257.	
02700	Reimbursement Settlement - Sub Total (Line 21 and 24 Minus Lines 25 and 26)	00100	Amounts	1,835.	
03000	Reimbursement Settlement - Sub Total (Sum of Lines 27 Through 29)	00100	Amounts	1,835.	
03200	Reimbursement Settlement - Sub Total (Line 30 Minus Line 31)	00100	Amounts	1,835.	
03700	Bad Debts - Sub Total (Sum of Lines 32, 33, 34 and 35)(Line 35 Hospital and Subprovider Only))	00100	Amounts	1,835.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	1,835.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	37.	04001
04100	Interim Payments	00100	Amounts	1,823.	
04300	Balance Due Provider/Program (Line 40 Minus the Sum of Lines 41 and 42)	00100	Amounts	-25.	
E10	Wkst E-1 Analysis of Payments to Providers for Services Rendered				
1	Part 1 - Analysis of Payment to Providers for Services Rendered				
A18	Hospital Medicare				
00100	Total interim payments paid to provider	00200	Part A Amount	87,899,027.	
00100	Total interim payments paid to provider	00400	Part B Amount	19,831,293.	
00300	Retroactive Lump Sum Adjustment - Provider to Program	00100	Part A Info	08/13/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	258,312.	00301
00300	Retroactive Lump Sum Adjustment - Provider to Program	00100	Part A Info	11/01/2019	Info

CR Hospital Reference Report 2019

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

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

E10 Wkst E-1 Analysis of Payments to Providers for Services Rendered					
1 Part 1 - Analysis of Payment to Providers for Services Rendered					
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00200	Part A Amount	3,583,072.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00400	Part B Amount	3,445.	
00800	NOVITAS SOLUTIONS	00000	Description		
00800	Contractor Information	00100	Part A Info	04011	Info
C18 IRF Medicare					
00100	Total interim payments paid to provider	00200	Part A Amount	11,547,788.	
00100	Total interim payments paid to provider	00400	Part B Amount	1,823.	
00300	Retroactive Lump Sum Adjustment - Provider to Program	00100	Part A Info	08/30/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	12,566.	00301
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	12,566.	00399
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00200	Part A Amount	11,560,354.	
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00400	Part B Amount	1,823.	
00602	Tentative Settlement Payment - Provider to Program	00200	Part A Amount	58,547.	
00602	Tentative Settlement Payment - Provider to Program	00400	Part B Amount	25.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00200	Part A Amount	11,501,807.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00400	Part B Amount	1,798.	
00800	NOVITAS SOLUTIONS	00000	Description		
00800	Contractor Information	00100	Part A Info	04011	Info
E30 Wkst E-3 Calculation of Reimbursement Settlement					
2 Part 2 - Calculation of Medicare Reimbursement under IPF PPS					
B18 IPF Medicare					
00100	Net Federal IPF PPS Payment (Excluding Outlier, ECT and Medical Education Payments)	00100	Amount	3,909,968.	

CR Hospital Reference Report 2019

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

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

E30	Wkst E-3 Calculation of Reimbursement Settlement				
2	Part 2 - Calculation of Medicare Reimbursement under IPF PPS				
00200	Net IPF PPS Outlier Payment	00100	Amount	22,377.	
00300	Net IPF PPS ECT Payment	00100	Amount	75,573.	
00600	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of the 'new teaching program' (see i	00100	Amount	2.17	
00900	Average Daily Census	00100	Amount	43.89	
01200	Adjusted Net IPF PPS Payments (Sum of Lines 01,02,03 and 11)	00100	Amount	4,007,918.	
01600	Sub Total (See instructions)	00100	Amount	4,007,918.	
01800	Sub Total (Lines 01 Less Line 17)	00100	Amount	4,007,918.	
01900	Deductibles (Exclude Professioanl Component)	00100	Amount	248,104.	
02000	Sub Total (Line 18 Minus Line 19)	00100	Amount	3,759,814.	
02100	Coinsurance	00100	Amount	215,763.	
02200	Sub Total (Line 20 Minus 21)	00100	Amount	3,544,051.	
02300	Allowable Bad Debts (Exclude Bad Debts for Professional Serivces)	00100	Amount	172,531.	
02400	Adjusted Reimbursable Bad Debts	00100	Amount	112,145.	
02500	Allowable Bad Debts for Dual Eligible Beneficiaries	00100	Amount	89,398.	
02600	Sub Total - Allowable Bad Debts (Sum of Lines 22 and 24)	00100	Amount	3,656,196.	
03100	Total Amount Payable to Provider (See Instructions)	00100	Amount	3,656,196.	
03101	Total Amount Payable to Provider (See Instructions)	00100	Amount	73,124.	
03200	Interim Payments	00100	Amount	3,609,043.	
03400	Balance Due Provider/Program (Line 31 Minus the Sum of Lines 32 and 33)	00100	Amount	-25,971.	
05000	Orginal Outlier from Worksheet E-3 Part 2 line 2	00100	Amount	22,377.	
3	Part 3 - Calculation of Medicare Reimbursement under IPF PPS				
C18	IRF Medicare				
00100	Net Federal PPS (See Instructions)	00100	Amount	11,519,170.	
00200	Medicare SSI Ratio (IRF PPS Only)	00100	Amount	0.011000	Ratio
00300	Inpatient Rehabilitation LIP payments	00100	Amount	86,394.	

CR Hospital Reference Report 2019

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

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

Line	Description	Col	Column Desc	Line Value	Type
E30	Wkst E-3 Calculation of Reimbursement Settlement				
3	Part 3 - Calculation of Medicare Reimbursement under IPF PPS				
00400	Outlier Payments	00100	Amount	268,629.	
01000	Average Daily Census	00100	Amount	33.05	
01300	Total PPS Payment (Sum of Lines 01,03,04 and 14)	00100	Amount	11,874,193.	
01700	Sub Total (See Instructions)	00100	Amount	11,874,193.	
01800	Primary Payer Payments	00100	Amount	32,158.	
01900	Sub Total (Lines 01 Less Line 17)	00100	Amount	11,842,035.	
02000	Deductibles (Exclude Professional Component)	00100	Amount	77,676.	
02100	Sub Total (Line 19 Minus Line 20)	00100	Amount	11,764,359.	
02200	Coinsurance	00100	Amount	31,713.	
02300	Sub Total (Line 21 Minus 22)	00100	Amount	11,732,646.	
02400	Allowable Bad Debts (Exclude Bad Debts for Professional Services)	00100	Amount	5,988.	
02500	Adjusted Reimbursable Bad Debts	00100	Amount	3,892.	
02700	Sub Total - Allowable Bad Debts (Sum of Lines 22 and 24)	00100	Amount	11,736,538.	
03100	OTHER ADJ (NO DESC ENTERED)	00000	Description		
03200	Total Amount Payable to Provider (See Instructions)	00100	Amount	11,736,538.	
03200	Total Amount Payable to Provider (See Instructions)	00100	Amount	234,731.	03201
03300	Interim Payments	00100	Amount	11,560,354.	
03500	Balance Due Provider/Program (Line 32 Minus the Sum of Lines 33 and 34)	00100	Amount	-58,547.	
05000	Original Outlier from Worksheet E-3 Part 2 Line 02	00100	Amount	268,629.	
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19				
A19	Hospital Medicaid				
00100	Inpatient Hospital/SNF/NF Services	00100	Title 5 or Title 19	8,107,844.	
00200	Medical and Other Services	00200	Title 5 or Title 19	599,594.	
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00100	Title 5 or Title 19	8,107,844.	
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00200	Title 5 or Title 19	599,594.	

CR Hospital Reference Report 2019

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

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

E30	Wkst E-3 Calculation of Reimbursement Settlement				
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19				
00800	Reasonable Charges - Routine Service Charges	00100	Title 5 or Title 19	17,594,051.	
00900	Reasonable Charges - Ancillary Service Charges	00100	Title 5 or Title 19	69,353,451.	
00900	Reasonable Charges - Ancillary Service Charges	00200	Title 5 or Title 19	9,789,879.	
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00100	Title 5 or Title 19	86,947,502.	
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00200	Title 5 or Title 19	9,789,879.	
01600	Customary Charges - Total	00100	Title 5 or Title 19	86,947,502.	
01600	Customary Charges - Total	00200	Title 5 or Title 19	9,789,879.	
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00100	Title 5 or Title 19	78,839,658.	
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00200	Title 5 or Title 19	9,190,285.	
02100	Cost of Covered Services (Line 07)	00100	Title 5 or Title 19	8,107,844.	
02100	Cost of Covered Services (Line 07)	00200	Title 5 or Title 19	599,594.	
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00100	Title 5 or Title 19	8,107,844.	
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00200	Title 5 or Title 19	599,594.	
03100	Sub Total (Line 19 Though 21 Minus 29)	00100	Title 5 or Title 19	8,107,844.	
03100	Sub Total (Line 19 Though 21 Minus 29)	00200	Title 5 or Title 19	599,594.	
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00100	Title 5 or Title 19	8,107,844.	
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00200	Title 5 or Title 19	599,594.	
03800	Sub Total (Lines 36 Plus or Minus 37)	00100	Title 5 or Title 19	8,107,844.	
03800	Sub Total (Lines 36 Plus or Minus 37)	00200	Title 5 or Title 19	599,594.	
03900	Direct Graduate Medical Education Payments (From Wkst E-4)	00100	Title 5 or Title 19	151,760.	
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00100	Title 5 or Title 19	8,259,604.	
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00200	Title 5 or Title 19	599,594.	

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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

E30	Wkst E-3 Calculation of Reimbursement Settlement				
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19				
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00100	Title 5 or Title 19	8,259,604.	
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00200	Title 5 or Title 19	599,594.	
B19	IPF Medicaid				
00100	Inpatient Hospital/SNF/NF Services	00100	Title 5 or Title 19	437,671.	
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00100	Title 5 or Title 19	437,671.	
00800	Reasonable Charges - Routine Service Charges	00100	Title 5 or Title 19	1,825,348.	
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00100	Title 5 or Title 19	1,825,348.	
01600	Customary Charges - Total	00100	Title 5 or Title 19	1,825,348.	
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00100	Title 5 or Title 19	1,387,677.	
02100	Cost of Covered Services (Line 07)	00100	Title 5 or Title 19	437,671.	
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00100	Title 5 or Title 19	437,671.	
03100	Sub Total (Line 19 Through 21 Minus 29)	00100	Title 5 or Title 19	437,671.	
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00100	Title 5 or Title 19	437,671.	
03800	Sub Total (Lines 36 Plus or Minus 37)	00100	Title 5 or Title 19	437,671.	
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00100	Title 5 or Title 19	437,671.	
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00100	Title 5 or Title 19	437,671.	
C19	IRF Medicaid				
00100	Inpatient Hospital/SNF/NF Services	00100	Title 5 or Title 19	101,462.	
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00100	Title 5 or Title 19	101,462.	
00800	Reasonable Charges - Routine Service Charges	00100	Title 5 or Title 19	376,450.	
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00100	Title 5 or Title 19	376,450.	
01600	Customary Charges - Total	00100	Title 5 or Title 19	376,450.	

CR Hospital Reference Report 2019

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

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

E30	Wkst E-3 Calculation of Reimbursement Settlement				
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19				
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00100	Title 5 or Title 19	274,988.	
02100	Cost of Covered Services (Line 07)	00100	Title 5 or Title 19	101,462.	
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00100	Title 5 or Title 19	101,462.	
03100	Sub Total (Line 19 Through 21 Minus 29)	00100	Title 5 or Title 19	101,462.	
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00100	Title 5 or Title 19	101,462.	
03800	Sub Total (Lines 36 Plus or Minus 37)	00100	Title 5 or Title 19	101,462.	
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00100	Title 5 or Title 19	101,462.	
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00100	Title 5 or Title 19	101,462.	
E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost				
A18	Hospital Medicare				
00200	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions).	00100	Amount	19.28	FTEs
00500	FTE Adjustment Cap (Sum of Lines 1 Plus Line 2 Minus Line 3 and 3.01 Plus/Minus Line 4 Plus Line 4.01 and Line 4.02)	00100	Amount	19.28	FTEs
00600	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records.	00100	Amount	26.39	FTEs
00700	Enter the lessor of line 05 or 06	00100	Amount	19.28	FTEs
00800	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	00100	Amount	4.38	FTEs
00800	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	00200	Other	19.63	FTEs
00800	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	00300	Total	24.01	FTEs
00900	If line 06 is less than 05 enter the amount from line 8 otherwise multiply line 8 times the result of line 5 divided by line	00100	Amount	3.20	FTEs

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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

E40 Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost					
00900	If line 06 is less than 05 enter the amount from line 8 otherwise multiply line 8 times the result of line 5 divided by line	00200	Other	14.34	FTEs
00900	If line 06 is less than 05 enter the amount from line 8 otherwise multiply line 8 times the result of line 5 divided by line	00300	Total	17.54	FTEs
01100	Total Weighted FTE Count	00100	Amount	3.20	FTEs
01100	Total Weighted FTE Count	00200	Other	14.34	FTEs
01200	Total weighted resident FTE count for the prior cost reporting year (see instructions).	00100	Amount	9.94	FTEs
01200	Total weighted resident FTE count for the prior cost reporting year (see instructions).	00200	Other	8.65	FTEs
01300	Total weighted resident FTE count for the penultimate cost reporting year (see instructions).	00100	Amount	12.80	FTEs
01300	Total weighted resident FTE count for the penultimate cost reporting year (see instructions).	00200	Other	5.98	FTEs
01400	Rolling average FTE COUNT (sum line 11 through 13 divided by 3)	00100	Amount	8.65	FTEs
01400	Rolling average FTE COUNT (sum line 11 through 13 divided by 3)	00200	Other	9.66	FTEs
01700	Ajusted Rolling Average FTE Count	00100	Amount	8.65	FTEs
01700	Ajusted Rolling Average FTE Count	00200	Other	9.66	FTEs
01800	Per Resident Amount	00100	Amount	97,999.19	
01800	Per Resident Amount	00200	Other	97,999.19	
01900	Approved Amount for Resident Costs	00100	Amount	847,693.	
01900	Approved Amount for Resident Costs	00200	Other	946,672.	
01900	Approved Amount for Resident Costs	00300	Total	1,794,365.	
02100	GME FTE weighted resident count over the cap (see instructions).	00100	Amount	7.11	FTEs
02500	Total Direct GME Amount (Sum of Lines 19 and 24).	00100	Amount	1,794,365.	
02600	Inpatient Days	00100	Amount	52,186.	Days
02600	Inpatient Days	00200	Other	28,764.	Days
02700	Total Inpatient Days	00100	Amount	117,813.	Days
02700	Total Inpatient Days	00200	Other	117,813.	Days
02800	Ratio of Inpatient Days to Total Inpatient Days	00100	Amount	0.442956	Ratio

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

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

E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost				
02800	Ratio of Inpatient Days to Total Inpatient Days	00200	Other	0.244150	Ratio
02900	Program Direct GME Amount	00100	Amount	794,825.	
02900	Program Direct GME Amount	00200	Other	438,094.	
03000	Reduction for Nursing/Allied Health	00200	Other	61,903.	
03100	Net Program Direct GME Amount	00300	Total	1,171,016.	
03300	Renal dialysis and home dialysis total charges (Wkst C Part 1 Col 08 Sum of lines 74 and 94)	00100	Amount	6,078,750.	
03700	Part A - Reasonable Cost (See Instructions)	00100	Amount	114,035,380.	
04000	Part A - Primary Payer Payments	00100	Amount	125,672.	
04100	Part A - Total Reasonable Cost (Sum of Lines 37 Thourgh 39 Minus Line 40)	00100	Amount	113,909,708.	
04200	Part B - Reasonable Cost (See Instructions)	00100	Amount	24,201,300.	
04300	Part B - Primary Payer Payments (See Instructions)	00100	Amount	247.	
04400	Total Part B Reasonable Cost (line 42 minus line 43)	00100	Amount	24,201,053.	
04500	Total Reasonable Cost (Sum of lines 41 and 44)	00100	Amount	138,110,761.	
04600	Ratio of Part A Reasonable Cost to Total Reasonable Cost (Line 41 Divided by Line 45)	00100	Amount	0.82	
04700	Ratio of Part B Reasonable Cost to Total Reasonable Cost (Line 44 Divided by Line 45)	00100	Amount	0.18	
04800	Alloc of GME Cost - Total Program GME Payment (Line 31)	00100	Amount	1,171,016.	
04900	Alloc of GME Cost - Part A medicare GME Payment (Lines 46 times 48)	00100	Amount	965,820.	
05000	Alloc of GME Cost - Part B medicare GME Payment (Lines 47 times 48)	00100	Amount	205,196.	
A19	Hospital Medicaid				
00200	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions).	00100	Amount	19.28	FTEs
00600	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records.	00100	Amount	26.39	FTEs
00800	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	00100	Amount	4.38	FTEs

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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

E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost				
00800	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	00200	Other	19.63	FTEs
01100	Total Weighted FTE Count	00100	Amount	3.20	FTEs
01100	Total Weighted FTE Count	00200	Other	14.34	FTEs
01200	Total weighted resident FTE count for the prior cost reporting year (see instructions).	00100	Amount	9.94	FTEs
01200	Total weighted resident FTE count for the prior cost reporting year (see instructions).	00200	Other	8.65	FTEs
01300	Total weighted resident FTE count for the penultimate cost reporting year (see instructions).	00100	Amount	12.80	FTEs
01300	Total weighted resident FTE count for the penultimate cost reporting year (see instructions).	00200	Other	5.98	FTEs
01400	Rolling average FTE COUNT (sum line 11 through 13 devided by 3)	00100	Amount	8.65	FTEs
01400	Rolling average FTE COUNT (sum line 11 through 13 devided by 3)	00200	Other	9.66	FTEs
01700	Ajusted Rolling Average FTE Count	00100	Amount	8.65	FTEs
01700	Ajusted Rolling Average FTE Count	00200	Other	9.66	FTEs
01800	Per Resident Amount	00100	Amount	97,999.19	
01800	Per Resident Amount	00200	Other	97,999.19	
02100	GME FTE weighted resident count over the cap (see instructions).	00100	Amount	7.11	FTEs

100268 WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428

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

E00	Wkst E Calculation of Reimbursement Settlement				
A	Part A - Inpatient Hospital Services under PPS				
A18	Hospital Medicare				
00101	DRG Amounts other than outlier payments for discharges occurring prior to October 1.	00100	Amounts	10,309,576.	
00102	DRG Amounts other than outlier payments for discharges occurring after to October 1.	00100	Amounts	3,505,964.	
00203		00100	Amounts	556,876.	
00204		00100	Amounts	13,243.	

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

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

E00 Wkst E Calculation of Reimbursement Settlement					
A Part A - Inpatient Hospital Services under PPS					
00300	Managed Care Simulated Payments.	00100	Amounts	12,555,101.	
00400	Bed days available divided by number of days in the cost reporting period.	00100	Amounts	184.82	Beds
01600	IME Adj - Adjustment for residents in initial years of the program.	00100	Amounts	3.12	FTEs
01800	IME Adj - Adjusted Rolling Average FTE Count	00100	Amounts	3.12	FTEs
01900	IME Adj - Current Year Resident to Bed Ratio (Line 18 Divided by Line 04)	00100	Amounts	0.016881	Ratio
02000	IME Adj - Prior Year Resident to Bed Ratio (See Instructions)	00100	Amounts	0.023187	Ratio
02100	IME Adj - Enter the Lesser of Line 19 or Line 20 (See Instructions)	00100	Amounts	0.016881	Ratio
02200	IME Adj -IME Payment Adjustment (See Instructions)	00100	Amounts	126,882.	
02201		00100	Amounts	115,306.	
02900	IME Adj For Add-on - Total IME Payment (Sum Lines 22 and 28)	00100	Amounts	126,882.	
02901		00100	Amounts	115,306.	
03000	DHS Adj - Percentage of SSI recipient patient days to Medicare part A patient days (see instructions).	00100	Amounts	5.63%	Percent
03100	DHS Adj - Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part 1.	00100	Amounts	24.37%	Percent
03200	DHS Adj - Sum of Lines 04 and 4.01	00100	Amounts	30.00%	Percent
03300	DHS Adj - Allowable Disproportionate Share Percentage (see instructions)	00100	Amounts	13.97%	Percent
03400	Worksheet E Part A Total DHS Adjustment - Disproportionate Share Adjustment (See Instructions)	00100	Amounts	482,508.	
03500	Total Uncompensated Care Amount (See Instructions)	00100	Amounts	8,272,872,447.	
03500	Total Uncompensated Care Amount (See Instructions)	00200	Amounts	8,350,599,096.	
03501	Total Uncompensated Care Amount - Factor 3 (See Instructions)	00100	Amounts	0.	
03501	Total Uncompensated Care Amount - Factor 3 (See Instructions)	00200	Amounts	0.	

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

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

E00	Wkst E Calculation of Reimbursement Settlement				
A	Part A - Inpatient Hospital Services under PPS				
03502	Hospital Uncompensated Care Payment (If Line 34 is Zero, Enter Zero)	00100	Amounts	2,416,934.	
03502	Hospital Uncompensated Care Payment (If Line 34 is Zero, Enter Zero)	00200	Amounts	2,149,066.	
03503	Pro Rata Share of the Hospital Uncompensated Care Payment Amount (See Instructions)	00100	Amounts	1,807,734.	
03503	Pro Rata Share of the Hospital Uncompensated Care Payment Amount (See Instructions)	00200	Amounts	540,202.	
03600	Total Uncompensated Care Amount (Sum of Col 01 and 02 on Line 35.03)	00100	Amounts	2,347,936.	
04700	Sub Total (see instructions)	00100	Amounts	17,342,985.	
04900	Total Payment for Inpateint Operating Cost SCH and MDH Only	00100	Amounts	17,458,291.	
05000	Payment for Inpatient Program Captial (From Wkst L Parts 1,2 or 3)	00100	Amounts	1,217,542.	
05200	Direct Graduate Medical Education Payment (Wkst E-4 Line 49)	00100	Amounts	71,262.	
05300	Nursing and Allied Health Managed Care payment	00100	Amounts	21,836.	
05700	Routine Service Other Pass Through Costs	00100	Amounts	9,995.	
05800	Ancillary Service Other Pass Through Costs	00100	Amounts	8,603.	
05900	Total (Sum of Amounts on Lines 49 Through 58)	00100	Amounts	18,787,529.	
06000	Primary Payer Payments	00100	Amounts	4,757.	
06100	Total Amount Payable for Program Beneficiaries (Line 59 Minus 60)	00100	Amounts	18,782,772.	
06200	Deductibles Billed to Program Beneficiaries	00100	Amounts	1,892,704.	
06300	Coinsurance Billed to Program Beneficiaries	00100	Amounts	57,934.	
06400	Reimbursable Bad Debts	00100	Amounts	379,765.	
06500	Adjusted Reimbursable Bad Debts	00100	Amounts	246,847.	
06600	Reimbursable Bad Debts for Dual Eligible Beneficiaries	00100	Amounts	190,518.	
06700	Sub Total (Lines 61 Plus Line 65 Minus Lines 62 and 63)	00100	Amounts	17,078,981.	
07000	Other Adjustments (Specify)	00100	Amounts	-35,648.	07093
07000	Other Adjustments (Specify)	00100	Amounts	-258,781.	07094

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

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

E00 Wkst E Calculation of Reimbursement Settlement					
A Part A - Inpatient Hospital Services under PPS					
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	16,784,552.	
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	335,691.	07101
07200	Interim Payments	00100	Amounts	16,391,202.	
07400	Balance Due Provider(Program) (Line 71 Minus the Sum of Lines 72 and 73)	00100	Amounts	57,659.	
07500	Protested Amounts (Non Allowable Cost Report Items) in Accordance with CMS Pub. 15-2 Section 115.2	00100	Amounts	806,481.	
09000	Operating Outlier Reconciliation Amount from Wkst E Part A Line 02	00100	Amounts	570,119.	
09100	Capital Outlier From Wkst L Part 1 Line 02	00100	Amounts	25,095.	
B Part B - Medical and Other Health Services					
A18 Hospital Medicare					
00100	Medical and Other Services (See Instructions)	00100	Amounts	5,354.	
00200	Medical and other services reimbrused under OPSS (see instructions).	00100	Amounts	5,588,095.	
00300	PPS Payments Received	00100	Amounts	4,789,014.	
00400	Outlir Payments (See Instructions)	00100	Amounts	30,379.	
00900	Ancillary Service Other Pass Through Costs (Wkst D Part 4 Col 13 Line 200	00100	Amounts	10,471.	
01100	Total Cost (Sum of Lines 01 and 10)	00100	Amounts	5,354.	
01200	Reasonable Charges - Ancillary Services Charges	00100	Amounts	36,074.	
01400	Reasonable Charges - Total Reasonable Charges (Sum of Lines 12 and 13)	00100	Amounts	36,074.	
01800	Customary Charges - Total	00100	Amounts	36,074.	
01900	Excess of Customary Charges Over Reasonable Cost (Complete Only If Line 14 Exceeds 05)	00100	Amounts	30,720.	
02100	Lesser of Cost or Charges (Line 11 Minus Line 20) (For CAH, See Instructions)	00100	Amounts	5,354.	
02400	Total Prospective Payment (Sum of Lines 03,04,08,09)	00100	Amounts	4,829,864.	
02600	Reimbursement Settlement - Deductibles and Coinsurance relating to amount on line 17.01.	00100	Amounts	933,519.	

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

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

E00	Wkst E Calculation of Reimbursement Settlement				
B	Part B - Medical and Other Health Services				
02700	Reimbursement Settlement - Sub Total (Line 21 and 24 Minus Lines 25 and 26)	00100	Amounts	3,901,699.	
02800	Reimbursement Settlement - Direct Graduate Medical Education Payments (Wkst E-4 Line 50)	00100	Amounts	21,931.	
03000	Reimbursement Settlement - Sub Total (Sum of Lines 27 Through 29)	00100	Amounts	3,923,630.	
03100	Reimbursement Settlement - Primary Payer Payments	00100	Amounts	788.	
03200	Reimbursement Settlement - Sub Total (Line 30 Minus Line 31)	00100	Amounts	3,922,842.	
03400	Bad Debts - Allowable Bad Debts	00100	Amounts	175,603.	
03500	Bad Debts - Adjusted Reimbursable Bad Debts	00100	Amounts	114,142.	
03600	Bad Debts - Reimbursable Bad Debts for Dual Eligible Beneficiaries	00100	Amounts	85,359.	
03700	Bad Debts - Sub Total (Sum of Lines 32, 33, 34 and 35)(Line 35 Hospital and Subprovider Only)	00100	Amounts	4,036,984.	
03800	MSP-LCC Reconciliation Amount From PS&R	00100	Amounts	-107.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	4,037,091.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	80,742.	04001
04100	Interim Payments	00100	Amounts	3,812,431.	
04300	Balance Due Provider/Program (Line 40 Minus the Sum of Lines 41 and 42)	00100	Amounts	143,918.	
04400	Worksheet E Part B Protested Amounts (Nonallowable Cost Report Items) in Accordance With CMS 15-2	00100	Amounts	3,278.	
09000	Completed by Contractor - Original Outlier Amount	00100	Amounts	30,379.	
E10	Wkst E-1 Analysis of Payments to Providers for Services Rendered				
1	Part 1 - Analysis of Payment to Providers for Services Rendered				
A18	Hospital Medicare				
00100	Total interim payments paid to provider	00200	Part A Amount	16,129,328.	
00100	Total interim payments paid to provider	00400	Part B Amount	3,812,431.	

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

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

E10 Wkst E-1 Analysis of Payments to Providers for Services Rendered					
1 Part 1 - Analysis of Payment to Providers for Services Rendered					
00300	Retroactive Lump Sum Adjustment - Provider to Program	00100	Part A Info	09/09/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	261,874.	00301
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	261,874.	00399
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00200	Part A Amount	16,391,202.	
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00400	Part B Amount	3,812,431.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00200	Part A Amount	16,448,861.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00400	Part B Amount	3,956,349.	
00800	NOVITAS SOLUTIONS	00000	Description		
00800	Contractor Information	00100	Part A Info	04011	Info
E30 Wkst E-3 Calculation of Reimbursement Settlement					
7 Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19					
A19 Hospital Medicaid					
00100	Inpatient Hospital/SNF/NF Services	00100	Title 5 or Title 19	5,192,292.	
00200	Medical and Other Services	00200	Title 5 or Title 19	569,625.	
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00100	Title 5 or Title 19	5,192,292.	
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00200	Title 5 or Title 19	569,625.	
00800	Reasonable Charges - Routine Service Charges	00100	Title 5 or Title 19	7,740,014.	
00900	Reasonable Charges - Ancillary Service Charges	00100	Title 5 or Title 19	17,102,729.	
00900	Reasonable Charges - Ancillary Service Charges	00200	Title 5 or Title 19	8,920,589.	
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00100	Title 5 or Title 19	24,842,743.	

CR Hospital Reference Report 2019

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

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

Line	Line Description	Col	Column Desc	Line Value	Type
E30	Wkst E-3 Calculation of Reimbursement Settlement				
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19				
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00200	Title 5 or Title 19	8,920,589.	
01600	Customary Charges - Total	00100	Title 5 or Title 19	24,842,743.	
01600	Customary Charges - Total	00200	Title 5 or Title 19	8,920,589.	
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00100	Title 5 or Title 19	19,650,451.	
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00200	Title 5 or Title 19	8,350,964.	
02100	Cost of Covered Services (Line 07)	00100	Title 5 or Title 19	5,192,292.	
02100	Cost of Covered Services (Line 07)	00200	Title 5 or Title 19	569,625.	
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00100	Title 5 or Title 19	5,192,292.	
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00200	Title 5 or Title 19	569,625.	
03100	Sub Total (Line 19 Though 21 Minus 29)	00100	Title 5 or Title 19	5,192,292.	
03100	Sub Total (Line 19 Though 21 Minus 29)	00200	Title 5 or Title 19	569,625.	
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00100	Title 5 or Title 19	5,192,292.	
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00200	Title 5 or Title 19	569,625.	
03800	Sub Total (Lines 36 Plus or Minus 37)	00100	Title 5 or Title 19	5,192,292.	
03800	Sub Total (Lines 36 Plus or Minus 37)	00200	Title 5 or Title 19	569,625.	
03900	Direct Graduate Medical Education Payments (From Wkst E-4)	00100	Title 5 or Title 19	66,861.	
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00100	Title 5 or Title 19	5,259,153.	
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00200	Title 5 or Title 19	569,625.	
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00100	Title 5 or Title 19	5,259,153.	
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00200	Title 5 or Title 19	569,625.	
E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost				
A18	Hospital Medicare				

CR Hospital Reference Report 2019

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

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

Line	Description	Col	Column Desc	Line Value	Type
E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost				
01500	Adjustment for residents in initial years of new programs.	00200	Other	2.90	FTEs
01501		00200	Other	3.12	
01700	Ajusted Rolling Average FTE Count	00200	Other	2.90	FTEs
01800	Per Resident Amount	00100	Amount	97,999.20	
01800	Per Resident Amount	00200	Other	97,999.20	
01900	Approved Amount for Resident Costs	00200	Other	284,198.	
01900	Approved Amount for Resident Costs	00300	Total	284,198.	
02500	Total Direct GME Amount (Sum of Lines 19 and 24).	00100	Amount	284,198.	
02600	Inpatient Days	00100	Amount	7,355.	Days
02600	Inpatient Days	00200	Other	5,870.	Days
02700	Total Inpatient Days	00100	Amount	37,801.	Days
02700	Total Inpatient Days	00200	Other	37,801.	Days
02800	Ratio of Inpatient Days to Total Inpatient Days	00100	Amount	0.194572	Ratio
02800	Ratio of Inpatient Days to Total Inpatient Days	00200	Other	0.155287	Ratio
02900	Program Direct GME Amount	00100	Amount	55,297.	
02900	Program Direct GME Amount	00200	Other	44,132.	
03000	Reduction for Nursing/Allied Health	00200	Other	6,236.	
03100	Net Program Direct GME Amount	00300	Total	93,193.	
03300	Renal dialysis and home dialysis total charges (Wkst C Part 1 Col 08 Sum of lines 74 and 94)	00100	Amount	1,401,645.	
03700	Part A - Reasonable Cost (See Instructions)	00100	Amount	18,211,751.	
04000	Part A - Primary Payer Payments	00100	Amount	4,757.	
04100	Part A - Total Reasonable Cost (Sum of Lines 37 Thourgh 39 Minus Line 40)	00100	Amount	18,206,994.	
04200	Part B - Reasonable Cost (See Instructions)	00100	Amount	5,603,920.	
04300	Part B - Primary Payer Payments (See Instructions)	00100	Amount	788.	
04400	Total Part B Reasonable Cost (line 42 minus line 43)	00100	Amount	5,603,132.	
04500	Total Reasonable Cost (Sum of lines 41 and 44)	00100	Amount	23,810,126.	
04600	Ratio of Part A Reasonable Cost to Total Reasonable Cost (Line 41 Divided by Line 45)	00100	Amount	0.76	

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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

E00 Wkst E Calculation of Reimbursement Settlement					
A Part A - Inpatient Hospital Services under PPS					
00900	IME Adj - (Sum of Lines 05 Plus 06 Minus Lines 07 and 7.01 Plus/Minus Line 08 plus lines 8.02 and 8.02)	00100	Amounts	13.81	FTEs
01000	IME Adj - FTE count for allopathic and osteopathic programs in the current year from your records.	00100	Amounts	23.47	FTEs
01200	IME Adj - Current Year Allowable FTEs (See Instructions)	00100	Amounts	13.81	FTEs
01300	IME Adj - Total Allowable FTE Count For Prior Year	00100	Amounts	13.81	FTEs
01400	IME Adj - Total allowable FTE count for the penultimate year if year ended before 9-1-1997.	00100	Amounts	13.81	FTEs
01500	IME Adj - Total (Lines 12 to 14 Divided by Line 03) (See Instructions)	00100	Amounts	13.81	FTEs
01800	IME Adj - Adjusted Rolling Average FTE Count	00100	Amounts	13.81	FTEs
01900	IME Adj - Current Year Resident to Bed Ratio (Line 18 Divided by Line 04)	00100	Amounts	0.075230	Ratio
02000	IME Adj - Prior Year Resident to Bed Ratio (See Instructions)	00100	Amounts	0.074592	Ratio
02100	IME Adj - Enter the Lesser of Line 19 or Line 20 (See Instructions)	00100	Amounts	0.074592	Ratio
02200	IME Adj -IME Payment Adjustment (See Instructions)	00100	Amounts	746,681.	
02201		00100	Amounts	707,988.	
02400	IME Adj For Add-on - IME FTE Resident Count Over Cap (See Instructions)	00100	Amounts	9.66	FTEs
02900	IME Adj For Add-on - Total IME Payment (Sum Lines 22 and 28)	00100	Amounts	746,681.	
02901		00100	Amounts	707,988.	
03000	DHS Adj - Percentage of SSI recipient patient days to Medicare part A patient days (see instructions).	00100	Amounts	10.28%	Percent
03100	DHS Adj - Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part 1.	00100	Amounts	31.96%	Percent
03200	DHS Adj - Sum of Lines 04 and 4.01	00100	Amounts	42.24%	Percent
03300	DHS Adj - Allowable Disproportionate Share Percentage (see instructions)	00100	Amounts	24.06%	Percent

CR Hospital Reference Report 2019

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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

E00	Wkst E Calculation of Reimbursement Settlement				
A	Part A - Inpatient Hospital Services under PPS				
03400	Worksheet E Part A Total DHS Adjustment - Disproportionate Share Adjustment (See Instructions)	00100	Amounts		1,125,270.
03500	Total Uncompensated Care Amount (See Instructions)	00100	Amounts		6,766,695,164.
03500	Total Uncompensated Care Amount (See Instructions)	00200	Amounts		8,272,872,447.
03501	Total Uncompensated Care Amount - Factor 3 (See Instructions)	00100	Amounts		0.
03501	Total Uncompensated Care Amount - Factor 3 (See Instructions)	00200	Amounts		0.
03502	Hospital Uncompensated Care Payment (If Line 34 is Zero, Enter Zero)	00100	Amounts		2,689,268.
03502	Hospital Uncompensated Care Payment (If Line 34 is Zero, Enter Zero)	00200	Amounts		3,849,146.
03503	Pro Rata Share of the Hospital Uncompensated Care Payment Amount (See Instructions)	00100	Amounts		898,880.
03503	Pro Rata Share of the Hospital Uncompensated Care Payment Amount (See Instructions)	00200	Amounts		2,562,580.
03600	Total Uncompensated Care Amount (Sum of Col 01 and 02 on Line 35.03)	00100	Amounts		3,461,460.
04700	Sub Total (see instructions)	00100	Amounts		24,521,007.
04900	Total Payment for Inpatient Operating Cost SCH and MDH Only	00100	Amounts		25,228,995.
05000	Payment for Inpatient Program Capital (From Wkst L Parts 1,2 or 3)	00100	Amounts		1,736,028.
05200	Direct Graduate Medical Education Payment (Wkst E-4 Line 49)	00100	Amounts		426,788.
05900	Total (Sum of Amounts on Lines 49 Through 58)	00100	Amounts		27,391,811.
06000	Primary Payer Payments	00100	Amounts		55,554.
06100	Total Amount Payable for Program Beneficiaries (Line 59 Minus 60)	00100	Amounts		27,336,257.
06200	Deductibles Billed to Program Beneficiaries	00100	Amounts		2,069,975.
06300	Coinsurance Billed to Program Beneficiaries	00100	Amounts		213,799.
06400	Reimbursable Bad Debts	00100	Amounts		768,619.
06500	Adjusted Reimbursable Bad Debts	00100	Amounts		499,602.

CR Hospital Reference Report 2019

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

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

Line	Description	Col	Column Desc	Line Value	Type
E00	Wkst E Calculation of Reimbursement Settlement				
A	Part A - Inpatient Hospital Services under PPS				
06600	Reimbursable Bad Debts for Dual Eligible Beneficiaries	00100	Amounts	389,986.	
06700	Sub Total (Lines 61 Plus Line 65 Minus Lines 62 and 63)	00100	Amounts	25,552,085.	
07000	Other Adjustments (Specify)	00100	Amounts	-69,608.	07093
07000	Other Adjustments (Specify)	00100	Amounts	-168,942.	07094
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	25,313,535.	
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	506,271.	07101
07200	Interim Payments	00100	Amounts	24,464,767.	
07400	Balance Due Provider(Program) (Line 71 Minus the Sum of Lines 72 and 73)	00100	Amounts	342,497.	
07500	Protested Amounts (Non Allowable Cost Report Items) in Accordance with CMS Pub. 15-2 Section 115.2	00100	Amounts	1,224,891.	
09000	Operating Outlier Reconciliation Amount from Wkst E Part A Line 02	00100	Amounts	479,875.	
09100	Capital Outlier From Wkst L Part 1 Line 02	00100	Amounts	42,617.	
B	Part B - Medical and Other Health Services				
A18	Hospital Medicare				
00100	Medical and Other Services (See Instructions)	00100	Amounts	6,755.	
00200	Medical and other services reimbrused under OPSS (see instructions).	00100	Amounts	2,955,176.	
00300	PPS Payments Received	00100	Amounts	3,478,978.	
01100	Total Cost (Sum of Lines 01 and 10)	00100	Amounts	6,755.	
01200	Reasonable Charges - Ancillary Services Charges	00100	Amounts	57,405.	
01400	Reasonable Charges - Total Reasonable Charges (Sum of Lines 12 and 13)	00100	Amounts	57,405.	
01800	Customary Charges - Total	00100	Amounts	57,405.	
01900	Excess of Customary Charges Over Reasonable Cost (Complete Only If Line 14 Exceeds 05)	00100	Amounts	50,650.	
02100	Lesser of Cost or Charges (Line 11 Minus Line 20) (For CAH, See Instructions)	00100	Amounts	6,755.	

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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

E00	Wkst E Calculation of Reimbursement Settlement				
B	Part B - Medical and Other Health Services				
02400	Total Prospective Payment (Sum of Lines 03,04,08,09)	00100	Amounts	3,478,978.	
02600	Reimbursement Settlement - Deductibles and Coinsurance relating to amount on line 17.01.	00100	Amounts	677,762.	
02700	Reimbursement Settlement - Sub Total (Line 21 and 24 Minus Lines 25 and 26)	00100	Amounts	2,807,971.	
02800	Reimbursement Settlement - Direct Graduate Medical Education Payments (Wkst E-4 Line 50)	00100	Amounts	63,468.	
03000	Reimbursement Settlement - Sub Total (Sum of Lines 27 Through 29)	00100	Amounts	2,871,439.	
03100	Reimbursement Settlement - Primary Payer Payments	00100	Amounts	159.	
03200	Reimbursement Settlement - Sub Total (Line 30 Minus Line 31)	00100	Amounts	2,871,280.	
03400	Bad Debts - Allowable Bad Debts	00100	Amounts	207,711.	
03500	Bad Debts - Adjusted Reimbursable Bad Debts	00100	Amounts	135,012.	
03600	Bad Debts - Reimbursable Bad Debts for Dual Eligible Beneficiaries	00100	Amounts	143,843.	
03700	Bad Debts - Sub Total (Sum of Lines 32, 33, 34 and 35)(Line 35 Hospital and Subprovider Only)	00100	Amounts	3,006,292.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	3,006,292.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	60,126.	04001
04100	Interim Payments	00100	Amounts	2,896,135.	
04300	Balance Due Provider/Program (Line 40 Minus the Sum of Lines 41 and 42)	00100	Amounts	50,031.	
04400	Worksheet E Part B Protested Amounts (Nonallowable Cost Report Items) in Accordance With CMS 15-2	00100	Amounts	7,776.	
E10	Wkst E-1 Analysis of Payments to Providers for Services Rendered				
1	Part 1 - Analysis of Payment to Providers for Services Rendered				
A18	Hospital Medicare				
00100	Total interim payments paid to provider	00200	Part A Amount	24,389,347.	

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

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

Line	Line Description	Col	Column Desc	Line Value	Type
E10	Wkst E-1 Analysis of Payments to Providers for Services Rendered				
1	Part 1 - Analysis of Payment to Providers for Services Rendered				
00100	Total interim payments paid to provider	00400	Part B Amount	2,883,273.	
00300	Retroactive Lump Sum Adjustment - Provider to Program	00100	Part A Info	02/04/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	42,325.	00301
00300	Retroactive Lump Sum Adjustment - Provider to Program	00300	Part B Info	02/04/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00400	Part B Amount	7,557.	00301
00300	Retroactive Lump Sum Adjustment - Provider to Program	00100	Part A Info	03/26/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	33,095.	00302
00300	Retroactive Lump Sum Adjustment - Provider to Program	00300	Part B Info	03/26/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00400	Part B Amount	5,305.	00302
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	75,420.	00399
00300	Retroactive Lump Sum Adjustment - Provider to Program	00400	Part B Amount	12,862.	00399
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00200	Part A Amount	24,464,767.	
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00400	Part B Amount	2,896,135.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00200	Part A Amount	24,807,264.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00400	Part B Amount	2,946,166.	
00800	FLORIDA	00000	Description		
00800	Contractor Information	00100	Part A Info	09001	Info
E30	Wkst E-3 Calculation of Reimbursement Settlement				
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19				
A19	Hospital Medicaid				

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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

E30 Wkst E-3 Calculation of Reimbursement Settlement					
7 Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19					
00100	Inpatient Hospital/SNF/NF Services	00100	Title 5 or Title 19	6,637,299.	
00200	Medical and Other Services	00200	Title 5 or Title 19	1,195,715.	
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00100	Title 5 or Title 19	6,637,299.	
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00200	Title 5 or Title 19	1,195,715.	
00800	Reasonable Charges - Routine Service Charges	00100	Title 5 or Title 19	11,168,233.	
00900	Reasonable Charges - Ancillary Service Charges	00100	Title 5 or Title 19	52,295,130.	
00900	Reasonable Charges - Ancillary Service Charges	00200	Title 5 or Title 19	24,406,058.	
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00100	Title 5 or Title 19	63,463,363.	
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00200	Title 5 or Title 19	24,406,058.	
01600	Customary Charges - Total	00100	Title 5 or Title 19	63,463,363.	
01600	Customary Charges - Total	00200	Title 5 or Title 19	24,406,058.	
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00100	Title 5 or Title 19	56,826,064.	
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00200	Title 5 or Title 19	23,210,343.	
02100	Cost of Covered Services (Line 07)	00100	Title 5 or Title 19	6,637,299.	
02100	Cost of Covered Services (Line 07)	00200	Title 5 or Title 19	1,195,715.	
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00100	Title 5 or Title 19	6,637,299.	
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00200	Title 5 or Title 19	1,195,715.	
03100	Sub Total (Line 19 Though 21 Minus 29)	00100	Title 5 or Title 19	6,637,299.	
03100	Sub Total (Line 19 Though 21 Minus 29)	00200	Title 5 or Title 19	1,195,715.	
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00100	Title 5 or Title 19	6,637,299.	
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00200	Title 5 or Title 19	1,195,715.	
03800	Sub Total (Lines 36 Plus or Minus 37)	00100	Title 5 or Title 19	6,637,299.	
03800	Sub Total (Lines 36 Plus or Minus 37)	00200	Title 5 or Title 19	1,195,715.	

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

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

Line	Line Description	Col	Column Desc	Line Value	Type
E30	Wkst E-3 Calculation of Reimbursement Settlement				
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19				
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00100	Title 5 or Title 19	6,637,299.	
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00200	Title 5 or Title 19	1,195,715.	
04100	Interim Payments	00100	Title 5 or Title 19	3,550,071.	
04100	Interim Payments	00200	Title 5 or Title 19	640,032.	
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00100	Title 5 or Title 19	3,087,228.	
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00200	Title 5 or Title 19	555,683.	
E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost				
A18	Hospital Medicare				
00200	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions).	00100	Amount	20.67	FTEs
00301	Direct GME cap reduction amount under ACA 5503 in accordance with CFR 413.79(m). (see instructions for reporting periods str	00100	Amount	6.97	
00500	FTE Adjustment Cap (Sum of Lines 1 Plus Line 2 Minus Line 3 and 3.01 Plus/Minus Line 4 Plus Line 4.01 and Line 4.02)	00100	Amount	13.70	FTEs
00600	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records.	00100	Amount	23.47	FTEs
00700	Enter the lessor of line 05 or 06	00100	Amount	13.70	FTEs
00800	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	00100	Amount	17.91	FTEs
00800	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	00200	Other	5.56	FTEs
00800	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	00300	Total	23.47	FTEs
00900	If line 06 is less than 05 enter the amount from line 8 otherwise multiply line 8 times the result of line 5 divided by line	00100	Amount	10.45	FTEs

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

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

Line	Description	Col	Column Desc	Line Value	Type
E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost				
00900	If line 06 is less than 05 enter the amount from line 8 otherwise multiply line 8 times the result of line 5 divided by line	00200	Other	3.25	FTEs
00900	If line 06 is less than 05 enter the amount from line 8 otherwise multiply line 8 times the result of line 5 divided by line	00300	Total	13.70	FTEs
01100	Total Weighted FTE Count	00100	Amount	10.45	FTEs
01100	Total Weighted FTE Count	00200	Other	3.25	FTEs
01200	Total weighted resident FTE count for the prior cost reporting year (see instructions).	00100	Amount	12.55	FTEs
01200	Total weighted resident FTE count for the prior cost reporting year (see instructions).	00200	Other	1.15	FTEs
01300	Total weighted resident FTE count for the penultimate cost reporting year (see instructions).	00100	Amount	12.35	FTEs
01300	Total weighted resident FTE count for the penultimate cost reporting year (see instructions).	00200	Other	1.35	FTEs
01400	Rolling average FTE COUNT (sum line 11 through 13 divided by 3)	00100	Amount	11.78	FTEs
01400	Rolling average FTE COUNT (sum line 11 through 13 divided by 3)	00200	Other	1.92	FTEs
01700	Ajusted Rolling Average FTE Count	00100	Amount	11.78	FTEs
01700	Ajusted Rolling Average FTE Count	00200	Other	1.92	FTEs
01800	Per Resident Amount	00100	Amount	97,828.81	
01800	Per Resident Amount	00200	Other	97,828.81	
01900	Approved Amount for Resident Costs	00100	Amount	1,152,423.	
01900	Approved Amount for Resident Costs	00200	Other	187,831.	
01900	Approved Amount for Resident Costs	00300	Total	1,340,254.	
02100	GME FTE weighted resident count over the cap (see instructions).	00100	Amount	9.77	FTEs
02500	Total Direct GME Amount (Sum of Lines 19 and 24).	00100	Amount	1,340,254.	
02600	Inpatient Days	00100	Amount	10,694.	Days
02600	Inpatient Days	00200	Other	10,273.	Days
02700	Total Inpatient Days	00100	Amount	53,351.	Days
02700	Total Inpatient Days	00200	Other	53,351.	Days
02800	Ratio of Inpatient Days to Total Inpatient Days	00100	Amount	0.200446	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

E40 Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost					
02800	Ratio of Inpatient Days to Total Inpatient Days	00200	Other	0.192555	Ratio
02900	Program Direct GME Amount	00100	Amount	268,649.	
02900	Program Direct GME Amount	00200	Other	258,073.	
03000	Reduction for Nursing/Allied Health	00200	Other	36,466.	
03100	Net Program Direct GME Amount	00300	Total	490,256.	
03300	Renal dialysis and home dialysis total charges (Wkst C Part 1 Col 08 Sum of lines 74 and 94)	00100	Amount	4,961,862.	
03700	Part A - Reasonable Cost (See Instructions)	00100	Amount	19,971,928.	
04000	Part A - Primary Payer Payments	00100	Amount	55,554.	
04100	Part A - Total Reasonable Cost (Sum of Lines 37 Thourgh 39 Minus Line 40)	00100	Amount	19,916,374.	
04200	Part B - Reasonable Cost (See Instructions)	00100	Amount	2,961,931.	
04300	Part B - Primary Payer Payments (See Instructions)	00100	Amount	159.	
04400	Total Part B Reasonable Cost (line 42 minus line 43)	00100	Amount	2,961,772.	
04500	Total Reasonable Cost (Sum of lines 41 and 44)	00100	Amount	22,878,146.	
04600	Ratio of Part A Reasonable Cost to Total Reasonable Cost (Line 41 Divided by Line 45)	00100	Amount	0.87	
04700	Ratio of Part B Reasonable Cost to Total Reasonable Cost (Line 44 Divided by Line 45)	00100	Amount	0.13	
04800	Alloc of GME Cost - Total Program GME Payment (Line 31)	00100	Amount	490,256.	
04900	Alloc of GME Cost - Part A medicare GME Payment (Lines 46 times 48)	00100	Amount	426,788.	
05000	Alloc of GME Cost - Part B medicare GME Payment (Lines 47 times 48)	00100	Amount	63,468.	

100275 WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414

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

E00 Wkst E Calculation of Reimbursement Settlement					
A Part A - Inpatient Hospital Services under PPS					
A18 Hospital Medicare					
00101	DRG Amounts other than outlier payments for discharges occuring prior to October 1.	00100	Amounts	16,864,499.	

CR Hospital Reference Report 2019

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

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

E00	Wkst E Calculation of Reimbursement Settlement				
A	Part A - Inpatient Hospital Services under PPS				
00102	DRG Amounts other than outlier payments for discharges occurring after to October 1.	00100	Amounts	5,728,115.	
00203		00100	Amounts	359,137.	
00204		00100	Amounts	34,478.	
00300	Managed Care Similated Payments.	00100	Amounts	27,734,822.	
00400	Bed days available divided by number of days in the cost reporting period.	00100	Amounts	213.90	Beds
00500	IME Adj - FTE count for allopathic and osteopathic programs for periods before 12/31/1996.	00100	Amounts	10.50	FTEs
00700	IME Adj - MMA Section 422 reduction amount to the IME cap as specified under 42 CRR 412.105(f)(1)(iv)(B)(1).	00100	Amounts	0.11	FTEs
00801	IME Adj - The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA.	00100	Amounts	9.00	FTEs
00900	IME Adj - (Sum of Lines 05 Plus 06 Minus Lines 07 and 7.01 Plus/Minus Line 08 plus lines 8.02 and 8.02)	00100	Amounts	19.39	FTEs
01000	IME Adj - FTE count for allopathic and osteopathic programs in the current year from your records.	00100	Amounts	17.73	FTEs
01200	IME Adj - Current Year Allowable FTEs (See Instructions)	00100	Amounts	17.73	FTEs
01300	IME Adj - Total Allowable FTE Count For Prior Year	00100	Amounts	17.78	FTEs
01400	IME Adj - Total allowable FTE count for the penultimate year if year ended before 9-1-1997.	00100	Amounts	18.08	FTEs
01500	IME Adj - Total (Lines 12 to 14 Divided by Line 03) (See Instructions)	00100	Amounts	17.86	FTEs
01800	IME Adj - Adjusted Rolling Average FTE Count	00100	Amounts	17.86	FTEs
01900	IME Adj - Current Year Resident to Bed Ratio (Line 18 Divided by Line 04)	00100	Amounts	0.083497	Ratio
02000	IME Adj - Prior Year Resident to Bed Ratio (See Instructions)	00100	Amounts	0.083675	Ratio
02100	IME Adj - Enter the Lesser of Line 19 or Line 20 (See Instructions)	00100	Amounts	0.083497	Ratio

CR Hospital Reference Report 2019

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

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

E30	Wkst E-3 Calculation of Reimbursement Settlement				
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19				
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00200	Title 5 or Title 19	1,251,750.	
04100	Interim Payments	00100	Title 5 or Title 19	3,452,753.	
04100	Interim Payments	00200	Title 5 or Title 19	748,125.	
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00100	Title 5 or Title 19	3,825,238.	
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00200	Title 5 or Title 19	503,625.	
E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost				
A18	Hospital Medicare				
00100	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December	00100	Amount	10.50	FTEs
00300	Amount of reduction to Direct GME cap under section 422 of MMA.	00100	Amount	0.11	
00401	ACA Section 5503 increase to the Direct GME FTE Cap (See instructions).	00100	Amount	9.	
00500	FTE Adjustment Cap (Sum of Lines 1 Plus Line 2 Minus Line 3 and 3.01 Plus/Minus Line 4 Plus Line 4.01 and Line 4.02)	00100	Amount	19.39	FTEs
00600	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records.	00100	Amount	17.73	FTEs
00700	Enter the lessor of line 05 or 06	00100	Amount	17.73	FTEs
00800	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	00100	Amount	17.73	FTEs
00800	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	00300	Total	17.73	FTEs
00900	If line 06 is less than 05 enter the amount from line 8 otherwise multiply line 8 times the result of line 5 divided by line	00100	Amount	17.73	FTEs
00900	If line 06 is less than 05 enter the amount from line 8 otherwise multiply line 8 times the result of line 5 divided by line	00300	Total	17.73	FTEs
01100	Total Weighted FTE Count	00100	Amount	17.73	FTEs

CR Hospital Reference Report 2019

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

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

E00 Wkst E Calculation of Reimbursement Settlement					
A Part A - Inpatient Hospital Services under PPS					
03300	DHS Adj - Allowable Disproportionate Share Percentage (see instructions)	00100	Amounts	12.86%	Percent
03400	Worksheet E Part A Total DHS Adjustment - Disproportionate Share Adjustment (See Instructions)	00100	Amounts	780,267.	
03500	Total Uncompensated Care Amount (See Instructions)	00100	Amounts	6,766,695,164.	
03500	Total Uncompensated Care Amount (See Instructions)	00200	Amounts	8,272,872,447.	
03501	Total Uncompensated Care Amount - Factor 3 (See Instructions)	00100	Amounts	0.	
03501	Total Uncompensated Care Amount - Factor 3 (See Instructions)	00200	Amounts	0.	
03502	Hospital Uncompensated Care Payment (If Line 34 is Zero, Enter Zero)	00100	Amounts	1,453,939.	
03502	Hospital Uncompensated Care Payment (If Line 34 is Zero, Enter Zero)	00200	Amounts	2,669,635.	
03503	Pro Rata Share of the Hospital Uncompensated Care Payment Amount (See Instructions)	00100	Amounts	485,975.	
03503	Pro Rata Share of the Hospital Uncompensated Care Payment Amount (See Instructions)	00200	Amounts	1,777,318.	
03600	Total Uncompensated Care Amount (Sum of Col 01 and 02 on Line 35.03)	00100	Amounts	2,263,293.	
04700	Sub Total (see instructions)	00100	Amounts	29,330,764.	
04900	Total Payment for Inpatient Operating Cost SCH and MDH Only	00100	Amounts	29,330,764.	
05000	Payment for Inpatient Program Capital (From Wkst L Parts 1,2 or 3)	00100	Amounts	2,297,034.	
05900	Total (Sum of Amounts on Lines 49 Through 58)	00100	Amounts	31,627,798.	
06000	Primary Payer Payments	00100	Amounts	18,471.	
06100	Total Amount Payable for Program Beneficiaries (Line 59 Minus 60)	00100	Amounts	31,609,327.	
06200	Deductibles Billed to Program Beneficiaries	00100	Amounts	2,467,264.	
06300	Coinsurance Billed to Program Beneficiaries	00100	Amounts	203,079.	
06400	Reimbursable Bad Debts	00100	Amounts	947,262.	
06500	Adjusted Reimbursable Bad Debts	00100	Amounts	615,720.	

CR Hospital Reference Report 2019

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Line Line Description Col Column Desc Line Value Type
100287 GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401
Worksheet 674375 Period End 05/31/2019 Days 365 Status Submitted

E00	Wkst E Calculation of Reimbursement Settlement			
A	Part A - Inpatient Hospital Services under PPS			
06600	Reimbursable Bad Debts for Dual Eligible Beneficiaries	00100	Amounts	396,009.
06700	Sub Total (Lines 61 Plus Line 65 Minus Lines 62 and 63)	00100	Amounts	29,554,704.
07000	Other Adjustments (Specify)	00100	Amounts	-74,903. 07093
07000	Other Adjustments (Specify)	00100	Amounts	-145,954. 07094
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	29,333,847.
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	586,677. 07101
07200	Interim Payments	00100	Amounts	28,708,363.
07400	Balance Due Provider(Program) (Line 71 Minus the Sum of Lines 72 and 73)	00100	Amounts	38,807.
07500	Protested Amounts (Non Allowable Cost Report Items) in Accordance with CMS Pub. 15-2 Section 115.2	00100	Amounts	1,341,008.
09000	Operating Outlier Reconciliation Amount from Wkst E Part A Line 02	00100	Amounts	2,017,641.
09100	Capital Outlier From Wkst L Part 1 Line 02	00100	Amounts	211,904.
B	Part B - Medical and Other Health Services			
A18	Hospital Medicare			
00100	Medical and Other Services (See Instructions)	00100	Amounts	20,023.
00200	Medical and other services reimbrused under OPSS (see instructions).	00100	Amounts	14,289,551.
00300	PPS Payments Received	00100	Amounts	12,274,530.
00400	Outlir Payments (See Instructions)	00100	Amounts	229,559.
01100	Total Cost (Sum of Lines 01 and 10)	00100	Amounts	20,023.
01200	Reasonable Charges - Ancillary Services Charges	00100	Amounts	395,657.
01400	Reasonable Charges - Total Reasonable Charges (Sum of Lines 12 and 13)	00100	Amounts	395,657.
01800	Customary Charges - Total	00100	Amounts	395,657.
01900	Excess of Customary Charges Over Reasonable Cost (Complete Only If Line 14 Exceeds 05)	00100	Amounts	375,634.

CR Hospital Reference Report 2019

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

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

E10	Wkst E-1 Analysis of Payments to Providers for Services Rendered				
1	Part 1 - Analysis of Payment to Providers for Services Rendered				
A18	Hospital Medicare				
00100	Total interim payments paid to provider	00200	Part A Amount	28,613,976.	
00100	Total interim payments paid to provider	00400	Part B Amount	9,983,083.	
00300	Retroactive Lump Sum Adjustment - Provider to Program	00100	Part A Info	01/07/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	94,387.	00301
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	94,387.	00399
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00200	Part A Amount	28,708,363.	
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00400	Part B Amount	9,983,083.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00200	Part A Amount	28,747,170.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00400	Part B Amount	10,332,237.	
00800	NOVITAS SOLUTIONS	00000	Description		
00800	Contractor Information	00100	Part A Info	04011	Info
E30	Wkst E-3 Calculation of Reimbursement Settlement				
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19				
A19	Hospital Medicaid				
00100	Inpatient Hospital/SNF/NF Services	00100	Title 5 or Title 19	5,238,186.	
00200	Medical and Other Services	00200	Title 5 or Title 19	1,376,521.	
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00100	Title 5 or Title 19	5,238,186.	
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00200	Title 5 or Title 19	1,376,521.	
00800	Reasonable Charges - Routine Service Charges	00100	Title 5 or Title 19	10,861,343.	
00900	Reasonable Charges - Ancillary Service Charges	00100	Title 5 or Title 19	37,103,530.	
00900	Reasonable Charges - Ancillary Service Charges	00200	Title 5 or Title 19	21,766,687.	

CR Hospital Reference Report 2019

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

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

E30	Wkst E-3 Calculation of Reimbursement Settlement				
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19				
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00100	Title 5 or Title 19	47,964,873.	
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00200	Title 5 or Title 19	21,766,687.	
01600	Customary Charges - Total	00100	Title 5 or Title 19	47,964,873.	
01600	Customary Charges - Total	00200	Title 5 or Title 19	21,766,687.	
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00100	Title 5 or Title 19	42,726,687.	
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00200	Title 5 or Title 19	20,390,166.	
02100	Cost of Covered Services (Line 07)	00100	Title 5 or Title 19	5,238,186.	
02100	Cost of Covered Services (Line 07)	00200	Title 5 or Title 19	1,376,521.	
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00100	Title 5 or Title 19	5,238,186.	
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00200	Title 5 or Title 19	1,376,521.	
03100	Sub Total (Line 19 Though 21 Minus 29)	00100	Title 5 or Title 19	5,238,186.	
03100	Sub Total (Line 19 Though 21 Minus 29)	00200	Title 5 or Title 19	1,376,521.	
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00100	Title 5 or Title 19	5,238,186.	
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00200	Title 5 or Title 19	1,376,521.	
03800	Sub Total (Lines 36 Plus or Minus 37)	00100	Title 5 or Title 19	5,238,186.	
03800	Sub Total (Lines 36 Plus or Minus 37)	00200	Title 5 or Title 19	1,376,521.	
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00100	Title 5 or Title 19	5,238,186.	
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00200	Title 5 or Title 19	1,376,521.	
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00100	Title 5 or Title 19	5,238,186.	
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00200	Title 5 or Title 19	1,376,521.	

CR Hospital Reference Report 2019

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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

E00		Wkst E Calculation of Reimbursement Settlement			
A		Part A - Inpatient Hospital Services under PPS			
A18		Hospital Medicare			
00101	DRG Amounts other than outlier payments for discharges occurring prior to October 1.	00100	Amounts	4,941,741.	
00102	DRG Amounts other than outlier payments for discharges occurring after to October 1.	00100	Amounts	10,477,577.	
00200	Outlier Payments for Discharges	00100	Amounts	519,376.	
00300	Managed Care Similated Payments.	00100	Amounts	11,273,755.	
00400	Bed days available divided by number of days in the cost reporting period.	00100	Amounts	369.95	Beds
01600	IME Adj - Adjustment for residents in initial years of the program.	00100	Amounts	5.60	FTEs
01800	IME Adj - Adjusted Rolling Average FTE Count	00100	Amounts	5.60	FTEs
01900	IME Adj - Current Year Resident to Bed Ratio (Line 18 Divided by Line 04)	00100	Amounts	0.015137	Ratio
02000	IME Adj - Prior Year Resident to Bed Ratio (See Instructions)	00100	Amounts	0.022405	Ratio
02100	IME Adj - Enter the Lesser of Line 19 or Line 20 (See Instructions)	00100	Amounts	0.015137	Ratio
02200	IME Adj -IME Payment Adjustment (See Instructions)	00100	Amounts	127,040.	
02201		00100	Amounts	92,884.	
02900	IME Adj For Add-on - Total IME Payment (Sum Lines 22 and 28)	00100	Amounts	127,040.	
02901		00100	Amounts	92,884.	
03000	DHS Adj - Percentage of SSI recipient patient days to Medicare part A patient days (see instructions).	00100	Amounts	11.00%	Percent
03100	DHS Adj - Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part 1.	00100	Amounts	55.02%	Percent
03200	DHS Adj - Sum of Lines 04 and 4.01	00100	Amounts	66.02%	Percent
03300	DHS Adj - Allowable Disproportionate Share Percentage (see instructions)	00100	Amounts	43.68%	Percent
03400	Worksheet E Part A Total DHS Adjustment - Disproportionate Share Adjustment (See Instructions)	00100	Amounts	1,683,790.	
03500	Total Uncompensated Care Amount (See Instructions)	00100	Amounts	6,766,695,164.	

CR Hospital Reference Report 2019

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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

E00	Wkst E Calculation of Reimbursement Settlement				
A	Part A - Inpatient Hospital Services under PPS				
03500	Total Uncompensated Care Amount (See Instructions)	00200	Amounts	8,272,872,447.	
03501	Total Uncompensated Care Amount - Factor 3 (See Instructions)	00100	Amounts	0.	
03501	Total Uncompensated Care Amount - Factor 3 (See Instructions)	00200	Amounts	0.	
03502	Hospital Uncompensated Care Payment (If Line 34 is Zero, Enter Zero)	00100	Amounts	7,622,181.	
03502	Hospital Uncompensated Care Payment (If Line 34 is Zero, Enter Zero)	00200	Amounts	7,594,315.	
03503	Pro Rata Share of the Hospital Uncompensated Care Payment Amount (See Instructions)	00100	Amounts	2,547,691.	
03503	Pro Rata Share of the Hospital Uncompensated Care Payment Amount (See Instructions)	00200	Amounts	5,055,938.	
03600	Total Uncompensated Care Amount (Sum of Col 01 and 02 on Line 35.03)	00100	Amounts	7,603,629.	
04700	Sub Total (see instructions)	00100	Amounts	25,353,153.	
04900	Total Payment for Inpatient Operating Cost SCH and MDH Only	00100	Amounts	25,446,037.	
05000	Payment for Inpatient Program Capital (From Wkst L Parts 1,2 or 3)	00100	Amounts	1,454,939.	
05200	Direct Graduate Medical Education Payment (Wkst E-4 Line 49)	00100	Amounts	86,046.	
05900	Total (Sum of Amounts on Lines 49 Through 58)	00100	Amounts	26,987,022.	
06000	Primary Payer Payments	00100	Amounts	117,658.	
06100	Total Amount Payable for Program Beneficiaries (Line 59 Minus 60)	00100	Amounts	26,869,364.	
06200	Deductibles Billed to Program Beneficiaries	00100	Amounts	1,662,836.	
06300	Coinsurance Billed to Program Beneficiaries	00100	Amounts	168,956.	
06400	Reimbursable Bad Debts	00100	Amounts	653,435.	
06500	Adjusted Reimbursable Bad Debts	00100	Amounts	424,733.	
06600	Reimbursable Bad Debts for Dual Eligible Beneficiaries	00100	Amounts	263,915.	
06700	Sub Total (Lines 61 Plus Line 65 Minus Lines 62 and 63)	00100	Amounts	25,462,305.	
07000	Other Adjustments (Specify)	00100	Amounts	-118,377.	07093

CR Hospital Reference Report 2019

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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

Line	Description	Col	Column Desc	Line Value	Type
E00	Wkst E Calculation of Reimbursement Settlement				
A	Part A - Inpatient Hospital Services under PPS				
07000	Other Adjustments (Specify)	00100	Amounts	-80,140.	07094
07000	Other Adjustments (Specify)	00100	Amounts	180,051.	07099
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	25,083,737.	
07100	Amount Due Provider (Line 67 Minus Lines 68 Plus/Minus Lines 69 and 70)	00100	Amounts	501,675.	07101
07200	Interim Payments	00100	Amounts	25,100,839.	
07400	Balance Due Provider(Program) (Line 71 Minus the Sum of Lines 72 and 73)	00100	Amounts	-518,777.	
07500	Protested Amounts (Non Allowable Cost Report Items) in Accordance with CMS Pub. 15-2 Section 115.2	00100	Amounts	828,968.	
09100	Capital Outlier From Wkst L Part 1 Line 02	00100	Amounts	17,227.	
B	Part B - Medical and Other Health Services				
A18	Hospital Medicare				
00100	Medical and Other Services (See Instructions)	00100	Amounts	4,890.	
00200	Medical and other services reimbrused under OPPS (see instructions).	00100	Amounts	4,331,816.	
00300	PPS Payments Received	00100	Amounts	3,269,451.	
00400	Outlir Payments (See Instructions)	00100	Amounts	102,165.	
01100	Total Cost (Sum of Lines 01 and 10)	00100	Amounts	4,890.	
01200	Reasonable Charges - Ancillary Services Charges	00100	Amounts	52,919.	
01400	Reasonable Charges - Total Reasonable Charges (Sum of Lines 12 and 13)	00100	Amounts	52,919.	
01800	Customary Charges - Total	00100	Amounts	52,919.	
01900	Excess of Customary Charges Over Reasonable Cost (Complete Only If Line 14 Exceeds 05)	00100	Amounts	48,029.	
02100	Lesser of Cost or Charges (Line 11 Minus Line 20) (For CAH, See Instructions)	00100	Amounts	4,890.	
02400	Total Prospective Payment (Sum of Lines 03,04,08,09)	00100	Amounts	3,371,616.	
02600	Reimbursement Settlement - Deductibles and Coinsurance relating to amount on line 17.01.	00100	Amounts	659,129.	

CR Hospital Reference Report 2019

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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

E00 Wkst E Calculation of Reimbursement Settlement					
B Part B - Medical and Other Health Services					
02700	Reimbursement Settlement - Sub Total (Line 21 and 24 Minus Lines 25 and 26)	00100	Amounts	2,717,377.	
02800	Reimbursement Settlement - Direct Graduate Medical Education Payments (Wkst E-4 Line 50)	00100	Amounts	14,388.	
03000	Reimbursement Settlement - Sub Total (Sum of Lines 27 Through 29)	00100	Amounts	2,731,765.	
03100	Reimbursement Settlement - Primary Payer Payments	00100	Amounts	701.	
03200	Reimbursement Settlement - Sub Total (Line 30 Minus Line 31)	00100	Amounts	2,731,064.	
03300	Bad Debts - Composite reate ESRD (Wkst I-5 Line 11)	00100	Amounts	140,942.	
03400	Bad Debts - Allowable Bad Debts	00100	Amounts	234,718.	
03500	Bad Debts - Adjusted Reimbursable Bad Debts	00100	Amounts	152,567.	
03600	Bad Debts - Reimbursable Bad Debts for Dual Eligible Beneficiaries	00100	Amounts	129,682.	
03700	Bad Debts - Sub Total (Sum of Lines 32, 33, 34 and 35)(Line 35 Hospital and Subprovider Only))	00100	Amounts	3,024,573.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	3,024,573.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	60,491.	04001
04100	Interim Payments	00100	Amounts	2,661,474.	
04300	Balance Due Provider/Program (Line 40 Minus the Sum of Lines 41 and 42)	00100	Amounts	302,608.	
04400	Worksheet E Part B Protested Amounts (Nonallowable Cost Report Items) in Accordance With CMS 15-2	00100	Amounts	13,070.	
09000	Completed by Contractor - Original Outlier Amount	00100	Amounts	102,165.	
B18 IPF Medicare					
00100	Medical and Other Services (See Instructions)	00100	Amounts	395.	
00200	Medical and other services reimbrused under OPPS (see instructions).	00100	Amounts	2,731.	
00300	PPS Payments Received	00100	Amounts	3,076.	

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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

E00	Wkst E Calculation of Reimbursement Settlement				
B	Part B - Medical and Other Health Services				
01100	Total Cost (Sum of Lines 01 and 10)	00100	Amounts	395.	
01200	Reasonable Charges - Ancillary Services Charges	00100	Amounts	4,270.	
01400	Reasonable Charges - Total Reasonable Charges (Sum of Lines 12 and 13)	00100	Amounts	4,270.	
01800	Customary Charges - Total	00100	Amounts	4,270.	
01900	Excess of Customary Charges Over Reasonable Cost (Complete Only If Line 14 Exceeds 05)	00100	Amounts	3,875.	
02100	Lesser of Cost or Charges (Line 11 Minus Line 20) (For CAH, See Instructions)	00100	Amounts	395.	
02400	Total Prospective Payment (Sum of Lines 03,04,08,09)	00100	Amounts	3,076.	
02600	Reimbursement Settlement - Deductibles and Coinsurance relating to amount on line 17.01.	00100	Amounts	693.	
02700	Reimbursement Settlement - Sub Total (Line 21 and 24 Minus Lines 25 and 26)	00100	Amounts	2,778.	
03000	Reimbursement Settlement - Sub Total (Sum of Lines 27 Through 29)	00100	Amounts	2,778.	
03200	Reimbursement Settlement - Sub Total (Line 30 Minus Line 31)	00100	Amounts	2,778.	
03700	Bad Debts - Sub Total (Sum of Lines 32, 33, 34 and 35)(Line 35 Hospital and Subprovider Only))	00100	Amounts	2,778.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	2,778.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	56.	04001
04100	Interim Payments	00100	Amounts	2,796.	
04300	Balance Due Provider/Program (Line 40 Minus the Sum of Lines 41 and 42)	00100	Amounts	-74.	
C18	IRF Medicare				
00100	Medical and Other Services (See Instructions)	00100	Amounts	23.	
00200	Medical and other services reimbrused under OPPS (see instructions).	00100	Amounts	278.	
00300	PPS Payments Received	00100	Amounts	475.	
01100	Total Cost (Sum of Lines 01 and 10)	00100	Amounts	23.	

CR Hospital Reference Report 2019

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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

E10	Wkst E-1 Analysis of Payments to Providers for Services Rendered				
1	Part 1 - Analysis of Payment to Providers for Services Rendered				
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	58,873.	00301
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	58,873.	00399
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00200	Part A Amount	25,100,839.	
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00400	Part B Amount	2,661,474.	
00602	Tentative Settlement Payment - Provider to Program	00200	Part A Amount	518,777.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00200	Part A Amount	24,582,062.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00400	Part B Amount	2,964,082.	
00800	NOVITAS SOLUTIONS	00000	Description		
00800	Contractor Information	00100	Part A Info	04011	Info
B18	IPF Medicare				
00100	Total interim payments paid to provider	00200	Part A Amount	1,095,559.	
00100	Total interim payments paid to provider	00400	Part B Amount	2,796.	
00300	Retroactive Lump Sum Adjustment - Provider to Program	00100	Part A Info	04/25/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	22,331.	00301
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	22,331.	00399
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00200	Part A Amount	1,117,890.	
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00400	Part B Amount	2,796.	
00602	Tentative Settlement Payment - Provider to Program	00200	Part A Amount	879.	
00602	Tentative Settlement Payment - Provider to Program	00400	Part B Amount	74.	

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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

E10	Wkst E-1 Analysis of Payments to Providers for Services Rendered				
1	Part 1 - Analysis of Payment to Providers for Services Rendered				
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00200	Part A Amount	1,117,011.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00400	Part B Amount	2,722.	
00800	NOVITAS SOLUTIONS	00000	Description		
00800	Contractor Information	00100	Part A Info	04011	Info
C18	IRF Medicare				
00100	Total interim payments paid to provider	00200	Part A Amount	3,210,515.	
00100	Total interim payments paid to provider	00400	Part B Amount	407.	
00300	Retroactive Lump Sum Adjustment - Provider to Program	00100	Part A Info	04/25/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	33,015.	00351
00300	Retroactive Lump Sum Adjustment - Provider to Program	00300	Part B Info	04/25/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	-33,015.	00399
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00200	Part A Amount	3,177,500.	
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00400	Part B Amount	407.	
00602	Tentative Settlement Payment - Provider to Program	00400	Part B Amount	5.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00200	Part A Amount	3,218,779.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00400	Part B Amount	402.	
00800	NOVITAS SOLUTIONS	00000	Description		
00800	Contractor Information	00100	Part A Info	04011	Info
E30	Wkst E-3 Calculation of Reimbursement Settlement				
2	Part 2 - Calculation of Medicare Reimbursement under IPF PPS				
B18	IPF Medicare				
00100	Net Federal IPF PPS Payment (Excluding Outlier, ECT and Medical Education Payments)	00100	Amount	1,255,540.	

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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

E30	Wkst E-3 Calculation of Reimbursement Settlement				
2	Part 2 - Calculation of Medicare Reimbursement under IPF PPS				
00200	Net IPF PPS Outlier Payment	00100	Amount	2,325.	
00900	Average Daily Census	00100	Amount	23.06	
01200	Adjusted Net IPF PPS Payments (Sum of Lines 01,02,03 and 11)	00100	Amount	1,257,865.	
01600	Sub Total (See instructions)	00100	Amount	1,257,865.	
01800	Sub Total (Lines 01 Less Line 17)	00100	Amount	1,257,865.	
01900	Deductibles (Exclude ProfessionaI Component)	00100	Amount	141,636.	
02000	Sub Total (Line 18 Minus Line 19)	00100	Amount	1,116,229.	
02100	Coinsurance	00100	Amount	66,374.	
02200	Sub Total (Line 20 Minus 21)	00100	Amount	1,049,855.	
02300	Allowable Bad Debts (Exclude Bad Debts for Professional Serivces)	00100	Amount	138,388.	
02400	Adjusted Reimbursable Bad Debts	00100	Amount	89,952.	
02500	Allowable Bad Debts for Dual Eligible Beneficiaries	00100	Amount	39,851.	
02600	Sub Total - Allowable Bad Debts (Sum of Lines 22 and 24)	00100	Amount	1,139,807.	
03100	Total Amount Payable to Provider (See Instructions)	00100	Amount	1,139,807.	
03101	Total Amount Payable to Provider (See Instructions)	00100	Amount	22,796.	
03200	Interim Payments	00100	Amount	1,117,890.	
03400	Balance Due Provider/Program (Line 31 Minus the Sum of Lines 32 and 33)	00100	Amount	-879.	
05000	Orginal Outlier from Worksheet E-3 Part 2 line 2	00100	Amount	2,325.	
3	Part 3 - Calculation of Medicare Reimbursement under IPF PPS				
C18	IRF Medicare				
00100	Net Federal PPS (See Instructions)	00100	Amount	2,834,438.	
00200	Medicare SSI Ratio (IRF PPS Only)	00100	Amount	0.039100	Ratio
00300	Inpatient Rehabilitation LIP payments	00100	Amount	190,758.	
00400	Outlier Payments	00100	Amount	306,113.	
01000	Average Daily Census	00100	Amount	22.32	
01300	Total PPS Payment (Sum of Lines 01,03,04 and 14)	00100	Amount	3,331,309.	

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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

E30	Wkst E-3 Calculation of Reimbursement Settlement				
3	Part 3 - Calculation of Medicare Reimbursement under IPF PPS				
01700	Sub Total (See Instructions)	00100	Amount	3,331,309.	
01900	Sub Total (Lines 01 Less Line 17)	00100	Amount	3,331,309.	
02000	Deductibles (Exclude Professional Component)	00100	Amount	14,860.	
02100	Sub Total (Line 19 Minus Line 20)	00100	Amount	3,316,449.	
02200	Coinsurance	00100	Amount	37,898.	
02300	Sub Total (Line 21 Minus 22)	00100	Amount	3,278,551.	
02400	Allowable Bad Debts (Exclude Bad Debts for Professional Services)	00100	Amount	9,103.	
02500	Adjusted Reimbursable Bad Debts	00100	Amount	5,917.	
02600	Allowable Bad Debts for Dual Eligible Beneficiaries	00100	Amount	6,012.	
02700	Sub Total - Allowable Bad Debts (Sum of Lines 22 and 24)	00100	Amount	3,284,468.	
03100	OTHER ADJ (NO DESC ENTERED)	00000	Description		
03200	Total Amount Payable to Provider (See Instructions)	00100	Amount	3,284,468.	
03200	Total Amount Payable to Provider (See Instructions)	00100	Amount	65,689.	03201
03300	Interim Payments	00100	Amount	3,177,500.	
03500	Balance Due Provider/Program (Line 32 Minus the Sum of Lines 33 and 34)	00100	Amount	41,279.	
05000	Orginal Outlier from Worksheet E-3 Part 2 Line 02	00100	Amount	306,113.	
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19				
A19	Hospital Medicaid				
00100	Inpatient Hospital/SNF/NF Services	00100	Title 5 or Title 19	34,500,329.	
00200	Medical and Other Services	00200	Title 5 or Title 19	2,740,356.	
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00100	Title 5 or Title 19	34,500,329.	
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00200	Title 5 or Title 19	2,740,356.	
00800	Reasonable Charges - Routine Service Charges	00100	Title 5 or Title 19	68,503,858.	
00900	Reasonable Charges - Ancillary Service Charges	00100	Title 5 or Title 19	162,082,219.	

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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

E30	Wkst E-3 Calculation of Reimbursement Settlement				
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19				
00900	Reasonable Charges - Ancillary Service Charges	00200	Title 5 or Title 19	35,094,139.	
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00100	Title 5 or Title 19	230,586,077.	
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00200	Title 5 or Title 19	35,094,139.	
01600	Customary Charges - Total	00100	Title 5 or Title 19	230,586,077.	
01600	Customary Charges - Total	00200	Title 5 or Title 19	35,094,139.	
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00100	Title 5 or Title 19	196,085,748.	
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00200	Title 5 or Title 19	32,353,783.	
02100	Cost of Covered Services (Line 07)	00100	Title 5 or Title 19	34,500,329.	
02100	Cost of Covered Services (Line 07)	00200	Title 5 or Title 19	2,740,356.	
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00100	Title 5 or Title 19	34,500,329.	
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00200	Title 5 or Title 19	2,740,356.	
03100	Sub Total (Line 19 Though 21 Minus 29)	00100	Title 5 or Title 19	34,500,329.	
03100	Sub Total (Line 19 Though 21 Minus 29)	00200	Title 5 or Title 19	2,740,356.	
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00100	Title 5 or Title 19	34,500,329.	
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00200	Title 5 or Title 19	2,740,356.	
03800	Sub Total (Lines 36 Plus or Minus 37)	00100	Title 5 or Title 19	34,500,329.	
03800	Sub Total (Lines 36 Plus or Minus 37)	00200	Title 5 or Title 19	2,740,356.	
03900	Direct Graduate Medical Education Payments (From Wkst E-4)	00100	Title 5 or Title 19	232,188.	
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00100	Title 5 or Title 19	34,732,517.	
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00200	Title 5 or Title 19	2,740,356.	
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00100	Title 5 or Title 19	34,732,517.	
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00200	Title 5 or Title 19	2,740,356.	
B19	IPF Medicaid				

CR Hospital Reference Report 2019

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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

E30 Wkst E-3 Calculation of Reimbursement Settlement					
7 Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19					
00100	Inpatient Hospital/SNF/NF Services	00100	Title 5 or Title 19	506,431.	
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00100	Title 5 or Title 19	506,431.	
00800	Reasonable Charges - Routine Service Charges	00100	Title 5 or Title 19	2,873,108.	
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00100	Title 5 or Title 19	2,873,108.	
01600	Customary Charges - Total	00100	Title 5 or Title 19	2,873,108.	
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00100	Title 5 or Title 19	2,366,677.	
02100	Cost of Covered Services (Line 07)	00100	Title 5 or Title 19	506,431.	
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00100	Title 5 or Title 19	506,431.	
03100	Sub Total (Line 19 Though 21 Minus 29)	00100	Title 5 or Title 19	506,431.	
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00100	Title 5 or Title 19	506,431.	
03800	Sub Total (Lines 36 Plus or Minus 37)	00100	Title 5 or Title 19	506,431.	
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00100	Title 5 or Title 19	506,431.	
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00100	Title 5 or Title 19	506,431.	
C19 IRF Medicaid					
00100	Inpatient Hospital/SNF/NF Services	00100	Title 5 or Title 19	363,028.	
00700	Sub Total (Line 4 Less Sum of Lines 05 Through 06)	00100	Title 5 or Title 19	363,028.	
00800	Reasonable Charges - Routine Service Charges	00100	Title 5 or Title 19	680,691.	
01200	Reasonable Charges - Total (Sum of Lines 08 to 11)	00100	Title 5 or Title 19	680,691.	
01600	Customary Charges - Total	00100	Title 5 or Title 19	680,691.	
01700	Excess of customary charges over reasonable cost (enter only if line 16 exceeds line 07).	00100	Title 5 or Title 19	317,663.	
02100	Cost of Covered Services (Line 07)	00100	Title 5 or Title 19	363,028.	
02900	Title 5 or 19 PPS (Lesser of Lines 27 or 28) (non-PPS Enter Amount From Line 27)	00100	Title 5 or Title 19	363,028.	
03100	Sub Total (Line 19 Though 21 Minus 29)	00100	Title 5 or Title 19	363,028.	

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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

E30	Wkst E-3 Calculation of Reimbursement Settlement				
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19				
03600	Sub Total (Sum of Lines 31,34 and 35 Minus Sum of Lines 32 and 33)	00100	Title 5 or Title 19	363,028.	
03800	Sub Total (Lines 36 Plus or Minus 37)	00100	Title 5 or Title 19	363,028.	
04000	Total Amount Payable to the Provider (Sum of Lines 38 and 39)	00100	Title 5 or Title 19	363,028.	
04200	Balance Due Provider/Program (Line 40 Minus Line 41)	00100	Title 5 or Title 19	363,028.	
E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost				
A18	Hospital Medicare				
01500	Adjustment for residents in initial years of new programs.	00200	Other	5.27	FTEs
01501		00200	Other	5.60	
01700	Ajusted Rolling Average FTE Count	00200	Other	5.27	FTEs
01800	Per Resident Amount	00100	Amount	96,888.	
01800	Per Resident Amount	00200	Other	96,888.	
01900	Approved Amount for Resident Costs	00200	Other	510,600.	
01900	Approved Amount for Resident Costs	00300	Total	510,600.	
02500	Total Direct GME Amount (Sum of Lines 19 and 24).	00100	Amount	510,600.	
02600	Inpatient Days	00100	Amount	11,689.	Days
02600	Inpatient Days	00200	Other	9,087.	Days
02700	Total Inpatient Days	00100	Amount	99,096.	Days
02700	Total Inpatient Days	00200	Other	99,096.	Days
02800	Ratio of Inpatient Days to Total Inpatient Days	00100	Amount	0.117956	Ratio
02800	Ratio of Inpatient Days to Total Inpatient Days	00200	Other	0.091699	Ratio
02900	Program Direct GME Amount	00100	Amount	60,228.	
02900	Program Direct GME Amount	00200	Other	46,822.	
03000	Reduction for Nursing/Allied Health	00200	Other	6,616.	
03100	Net Program Direct GME Amount	00300	Total	100,434.	
03300	Renal dialysis and home dialysis total charges (Wkst C Part 1 Col 08 Sum of lines 74 and 94)	00100	Amount	17,511,106.	
03700	Part A - Reasonable Cost (See Instructions)	00100	Amount	26,069,678.	
04000	Part A - Primary Payer Payments	00100	Amount	117,658.	

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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

E40	Wkst E-4 Direct Graduate Medical Education & ESRD Outpatient Direct Medical Education Cost				
04100	Part A - Total Reasonable Cost (Sum of Lines 37 Thourgh 39 Minus Line 40)	00100	Amount	25,952,020.	
04200	Part B - Reasonable Cost (See Instructions)	00100	Amount	4,340,133.	
04300	Part B - Primary Payer Payments (See Instructions)	00100	Amount	701.	
04400	Total Part B Reasonable Cost (line 42 minus line 43)	00100	Amount	4,339,432.	
04500	Total Reasonable Cost (Sum of lines 41 and 44)	00100	Amount	30,291,452.	
04600	Ratio of Part A Reasonable Cost to Total Reasonable Cost (Line 41 Divided by Line 45)	00100	Amount	0.86	
04700	Ratio of Part B Reasonable Cost to Total Reasonable Cost (Line 44 Divided by Line 45)	00100	Amount	0.14	
04800	Alloc of GME Cost - Total Program GME Payment (Line 31)	00100	Amount	100,434.	
04900	Alloc of GME Cost - Part A medicare GME Payment (Lines 46 times 48)	00100	Amount	86,046.	
05000	Alloc of GME Cost - Part B medicare GME Payment (Lines 47 times 48)	00100	Amount	14,388.	
A19	Hospital Medicaid				
01500	Adjustment for residents in initial years of new programs.	00200	Other	5.27	FTEs
01501		00200	Other	5.60	
01700	Ajusted Rolling Average FTE Count	00200	Other	5.27	FTEs
01800	Per Resident Amount	00100	Amount	96,888.	
01800	Per Resident Amount	00200	Other	96,888.	

102023 SSH - PALM BEACH LLC LAKE WORTH, FL 33461

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

E10	Wkst E-1 Analysis of Payments to Providers for Services Rendered				
1	Part 1 - Analysis of Payment to Providers for Services Rendered				
A18	Hospital Medicare				
00100	Total interim payments paid to provider	00200	Part A Amount	14,314,730.	
00300	Retroactive Lump Sum Adjustment - Provider to Program	00100	Part A Info	10/16/2019	Info

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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

E10	Wkst E-1 Analysis of Payments to Providers for Services Rendered				
1	Part 1 - Analysis of Payment to Providers for Services Rendered				
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	334,577.	00301
00300	Retroactive Lump Sum Adjustment - Provider to Program	00100	Part A Info	06/06/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	826,371.	00350
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	-491,794.	00399
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00200	Part A Amount	13,822,936.	
00602	Tentative Settlement Payment - Provider to Program	00200	Part A Amount	622,293.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00200	Part A Amount	13,200,643.	
00800	FLORIDA	00000	Description		
00800	Contractor Information	00100	Part A Info	09001	Info
E30	Wkst E-3 Calculation of Reimbursement Settlement				
4	Part 4 - Calculation of Medicare Reimbursement under LTCH PPS				
A18	Hospital Medicare				
00100	Net Federal PPS Payment (See Instructions)	00100	Amount	12,900,829.	
00101		00100	Amount	10,371,361.	
00102		00100	Amount	2,491,256.	
00104		00100	Amount	38,212.	
00200	Outlier Payments	00100	Amount	1,378,683.	
00300	Total PPS Payment (Sum of Lines 01 and 02)	00100	Amount	14,279,512.	
00700	Sub Total (See Instructions)	00100	Amount	14,279,512.	
00800	Primary Payer Payments	00100	Amount	48,429.	
00900	Sub Total (Lines 01 Less Line 17)	00100	Amount	14,231,083.	
01000	Deductibles (Exclude Professional Component)	00100	Amount	17,612.	
01100	Sub Total (Line 09 Minus Line 10)	00100	Amount	14,213,471.	
01200	Coinsurance	00100	Amount	1,032,680.	
01300	Sub Total (Line 11 Minus 12)	00100	Amount	13,180,791.	
01400	Allowable Bad Debts (Exclude Bad Debts for Professional Services)	00100	Amount	445,004.	

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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

E30	Wkst E-3 Calculation of Reimbursement Settlement				
4	Part 4 - Calculation of Medicare Reimbursement under LTCH PPS				
01500	Adjusted Reimbursable Bad Debts	00100	Amount	289,253.	
01600	Allowable Bad Debts for Dual Eligible Beneficiaries	00100	Amount	298,879.	
01700	Sub Total - Allowable Bad Debts (Sum of Lines 13 and 15)	00100	Amount	13,470,044.	
02100	SEQUESTRATION TRU UP	00000	Description		
02200	Total Amount Payable to Provider (See Instructions)	00100	Amount	13,470,044.	
02200	Total Amount Payable to Provider (See Instructions)	00100	Amount	269,401.	02201
02300	Interim Payments	00100	Amount	13,822,936.	
02500	Balance Due Provider/Program (Line 22 Minus the Sum of Lines 23 and 24)	00100	Amount	-622,293.	
05000	Original Outlier from Worksheet E-3 Part 2 Line 02	00100	Amount	1,378,683.	

102025 KINDRED HOSPITAL THE PALM BEACHES RIVIERA BEACH, FL 33418

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

E00	Wkst E Calculation of Reimbursement Settlement				
B	Part B - Medical and Other Health Services				
A18	Hospital Medicare				
00100	Medical and Other Services (See Instructions)	00100	Amounts	29,717.	
01100	Total Cost (Sum of Lines 01 and 10)	00100	Amounts	29,717.	
01200	Reasonable Charges - Ancillary Services Charges	00100	Amounts	208,245.	
01400	Reasonable Charges - Total Reasonable Charges (Sum of Lines 12 and 13)	00100	Amounts	208,245.	
01800	Customary Charges - Total	00100	Amounts	208,245.	
01900	Excess of Customary Charges Over Reasonable Cost (Complete Only If Line 14 Exceeds 05)	00100	Amounts	178,528.	
02100	Lesser of Cost or Charges (Line 11 Minus Line 20) (For CAH, See Instructions)	00100	Amounts	29,717.	
02500	Reimbursement Settlement - Deductibles and Coinsurance (See Instructions)	00100	Amounts	41,649.	

CR Hospital Reference Report 2019

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

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

E00	Wkst E Calculation of Reimbursement Settlement				
B	Part B - Medical and Other Health Services				
02700	Reimbursement Settlement - Sub Total (Line 21 and 24 Minus Lines 25 and 26)	00100	Amounts	-11,932.	
03000	Reimbursement Settlement - Sub Total (Sum of Lines 27 Through 29)	00100	Amounts	-11,932.	
03200	Reimbursement Settlement - Sub Total (Line 30 Minus Line 31)	00100	Amounts	-11,932.	
03700	Bad Debts - Sub Total (Sum of Lines 32, 33, 34 and 35)(Line 35 Hospital and Subprovider Only)	00100	Amounts	-11,932.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	-11,932.	
04300	Balance Due Provider/Program (Line 40 Minus the Sum of Lines 41 and 42)	00100	Amounts	-11,932.	
E10	Wkst E-1 Analysis of Payments to Providers for Services Rendered				
1	Part 1 - Analysis of Payment to Providers for Services Rendered				
A18	Hospital Medicare				
00100	Total interim payments paid to provider	00200	Part A Amount	13,211,516.	
00300	Retroactive Lump Sum Adjustment - Provider to Program	00100	Part A Info	07/08/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	618,969.	00301
00300	Retroactive Lump Sum Adjustment - Provider to Program	00100	Part A Info	04/02/2019	Info
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	800,728.	00350
00300	Retroactive Lump Sum Adjustment - Provider to Program	00200	Part A Amount	-181,759.	00399
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00200	Part A Amount	13,029,757.	
00602	Tentative Settlement Payment - Provider to Program	00200	Part A Amount	321,082.	
00602	Tentative Settlement Payment - Provider to Program	00400	Part B Amount	11,932.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00200	Part A Amount	12,708,675.	

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

E10	Wkst E-1 Analysis of Payments to Providers for Services Rendered				
1	Part 1 - Analysis of Payment to Providers for Services Rendered				
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00400	Part B Amount	-11,932.	
00800	FLORIDA	00000	Description		
00800	Contractor Information	00100	Part A Info	09001	Info
E30	Wkst E-3 Calculation of Reimbursement Settlement				
4	Part 4 - Calculation of Medicare Reimbursement under LTCH PPS				
A18	Hospital Medicare				
00100	Net Federal PPS Payment (See Instructions)	00100	Amount	13,182,564.	
00101		00100	Amount	10,818,671.	
00102		00100	Amount	2,222,656.	
00103		00100	Amount	8,042.	
00104		00100	Amount	133,195.	
00200	Outlier Payments	00100	Amount	717,168.	
00300	Total PPS Payment (Sum of Lines 01 and 02)	00100	Amount	13,899,732.	
00700	Sub Total (See Instructions)	00100	Amount	13,899,732.	
00800	Primary Payer Payments	00100	Amount	44,622.	
00900	Sub Total (Lines 01 Less Line 17)	00100	Amount	13,855,110.	
01000	Deductibles (Exclude Professiona Component)	00100	Amount	32,448.	
01100	Sub Total (Line 09 Minus Line 10)	00100	Amount	13,822,662.	
01200	Coinsurance	00100	Amount	1,140,732.	
01300	Sub Total (Line 11 Minus 12)	00100	Amount	12,681,930.	
01400	Allowable Bad Debts (Exclude Bad Debts for Professional Serivces)	00100	Amount	440,163.	
01500	Adjusted Reimbursable Bad Debts	00100	Amount	286,106.	
01600	Allowable Bad Debts for Dual Eligible Beneficiaries	00100	Amount	149,077.	
01700	Sub Total - Allowable Bad Debts (Sum of Lines 13 and 15)	00100	Amount	12,968,036.	
02200	Total Amount Payable to Provider (See Instructions)	00100	Amount	12,968,036.	
02200	Total Amount Payable to Provider (See Instructions)	00100	Amount	259,361.	02201
02300	Interim Payments	00100	Amount	13,029,757.	

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

E30	Wkst E-3 Calculation of Reimbursement Settlement				
4	Part 4 - Calculation of Medicare Reimbursement under LTCH PPS				
02500	Balance Due Provider/Program (Line 22 Minus the Sum of Lines 23 and 24)	00100	Amount	-321,082.	
05000	Orginal Outlier from Worksheet E-3 Part 2 Line 02	00100	Amount	717,168.	
7	Part 6 - Calculation of Reimbursement Settlement - All Other Healthcare Services for Title 5 or 19				
A19	Hospital Medicaid				
03700	OTHER ADJUSTMENTS	00000	Description		
03700	OTHER ADJUSTMENTS	00000	Description		

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

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

E00	Wkst E Calculation of Reimbursement Settlement				
B	Part B - Medical and Other Health Services				
A18	Hospital Medicare				
00200	Medical and other services reimbrused under OPPS (see instructions).	00100	Amounts	768,296.	
00300	PPS Payments Received	00100	Amounts	890,747.	
02400	Total Prospective Payment (Sum of Lines 03,04,08,09)	00100	Amounts	890,747.	
02600	Reimbursement Settlement - Deductibles and Coinsurance relating to amount on line 17.01.	00100	Amounts	190,154.	
02700	Reimbursement Settlement - Sub Total (Line 21 and 24 Minus Lines 25 and 26)	00100	Amounts	700,593.	
03000	Reimbursement Settlement - Sub Total (Sum of Lines 27 Through 29)	00100	Amounts	700,593.	
03200	Reimbursement Settlement - Sub Total (Line 30 Minus Line 31)	00100	Amounts	700,593.	
03400	Bad Debts - Allowable Bad Debts	00100	Amounts	8,095.	
03500	Bad Debts - Adjusted Reimbursable Bad Debts	00100	Amounts	5,262.	
03600	Bad Debts - Reimbursable Bad Debts for Dual Eligible Beneficiaries	00100	Amounts	8,095.	
03700	Bad Debts - Sub Total (Sum of Lines 32, 33, 34 and 35)(Line 35 Hospital and Subprovider Only))	00100	Amounts	705,855.	

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

E00 Wkst E Calculation of Reimbursement Settlement					
B Part B - Medical and Other Health Services					
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	705,855.	
04000	Sub Total (Line 37 Plus or Minus Lines 39 Minus Line 38)	00100	Amounts	14,117.	04001
04100	Interim Payments	00100	Amounts	686,594.	
04200	Worksheet E Part B Tentative Settlement (For Contractor Use Only)	00100	Amounts	19,975.	
04300	Balance Due Provider/Program (Line 40 Minus the Sum of Lines 41 and 42)	00100	Amounts	-14,831.	
E10 Wkst E-1 Analysis of Payments to Providers for Services Rendered					
1 Part 1 - Analysis of Payment to Providers for Services Rendered					
A18 Hospital Medicare					
00100	Total interim payments paid to provider	00200	Part A Amount	1,191,845.	
00100	Total interim payments paid to provider	00400	Part B Amount	686,594.	
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00200	Part A Amount	1,191,845.	
00400	Total Interim Payments (Sum of Lines 01,02 & 3.99) (Transfer to Wkst E or E-3 As Appropriate)	00400	Part B Amount	686,594.	
00500	Tentative Settlement Payment - Provider to Program	00100	Part A Info	03/30/2020	Info
00500	Tentative Settlement Payment - Provider to Program	00200	Part A Amount	50,616.	00501
00500	Tentative Settlement Payment - Provider to Program	00300	Part B Info	03/30/2020	Info
00500	Tentative Settlement Payment - Provider to Program	00400	Part B Amount	19,975.	00501
00500	Tentative Settlement Payment - Provider to Program	00200	Part A Amount	50,616.	00599
00500	Tentative Settlement Payment - Provider to Program	00400	Part B Amount	19,975.	00599
00602	Tentative Settlement Payment - Provider to Program	00400	Part B Amount	14,831.	
00700	Worksheet E-1 Total Medicare Program Liability (See Instructions)	00200	Part A Amount	1,242,461.	

