

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					

S00	Wkst S Hospital and Hospital Healthcare Complex Cost Report Certification and Settlement Summary				
1	Part 1 - Cost Report Status				
00100	Electronically Filed Cost Report?	00100	Information		X
00400	Medicare Utilization - F for 'Full' and L for 'Low'	00100	Information		F
00500	Cost Report Status (1-Submitted 2-Settled 3-Audited 4-Reopened 5-Amended)	00100	Information		1
00600	FI Received Date	00200	Information	03/02/2020	
00700	Fiscal Intermediary Number	00200	Information	09001	
00800	Initial Cost Report for this Provider CCN?	00200	Information		N
00900	Final Cost Report for this Provider CCN?	00200	Information		N
01100	Contractor Vendor Code	00300	Information		4
3	Part 3 - Settlement Summary				
00100	Hospital	00200	Medicare - Part A	2,394,170.	
00100	Hospital	00300	Medicare - Part B	459,005.	
00100	Hospital	00500	Medicaid	8,485,324.	
00300	Subprovider - IRF	00200	Medicare - Part A	59,195.	
00300	Subprovider - IRF	00300	Medicare - Part B	-81.	
00300	Subprovider - IRF	00500	Medicaid	138,967.	
20000	Total Settlement Summary	00200	Medicare - Part A	2,453,365.	
20000	Total Settlement Summary	00300	Medicare - Part B	458,924.	
20000	Total Settlement Summary	00500	Medicaid	8,624,291.	
S10	Wkst S-10 Hospital Uncompensated and Indigent Care Data				
00100	Cost to Charge Ratio (Worksheet C Part 1 Line 200 Col 3 Divided by Line 200 Col 8)	00100	Amounts	0.139483	CC Ratio
00200	Net Revenue From Medicaid	00100	Amounts	4,784,156.	
00300	Did you receive DSH or supplemental payment from Medicaid?	00100	Question		Y Answer
00400	If line 3 is yes, does line 2 included all DSH or supplemental payments from Medicaid?	00100	Question		N Answer
00500	If line 4 is no, enter DSH or supplemental payment from Medicaid.	00100	Amounts	783,827.	
00600	Medicaid Charges	00100	Amounts	314,228,000.	Charges
00700	Medicaid Cost (Line 01 Times Line 06)	00100	Amounts	43,829,464.	Cost
00800	Difference Between Net Revenue and Cost For Medicaid Program (Line 02 Plus Line 05 Minus Line 07)	00100	Amounts	38,261,481.	

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S10					Wkst S-10 Hospital Uncompensated and Indigent Care Data	
02700	Medicare Bad Debts For the Entire Hospital Complex (See Instructions)	00100	Amounts	770,676.		
02701		00100	Amounts	1,185,655.		
02800	Non-Medicare and Non-Reimbursable Bad Debt Expense (Line 26 Minus Line 27)	00100	Amounts	16,798,875.		
02900	Cost of Non-Medicare Bad Debt Expense (Line 01 Times Line 28)	00100	Amounts	2,758,136.		
03000	Cost of Non-Medicare Uncompensated Care (Line 23 Col 03 Plus Line 29)	00100	Amounts	15,526,205.		
03100	Total Unreimbursed and Uncompensated Care Cost (Line 19 Plus Line 30)	00100	Amounts	55,037,249.		
S20					Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data	
1					Part 1 - Complex Identification Data	
00300	Hospital	00200	CCN Number	100002		
00300	Hospital	00300	CBSA Number	48424		
00300	Hospital	00400	Provider Type	1.		
00300	Hospital	00500	Date Certified	07/01/1966		
00300	Hospital	00600	Payment - Title 5	N		
00300	Hospital	00700	Payment - Medicare	P		
00300	Hospital	00800	Payment - Medicaid	O		
00500	CORNELL INSTITUTE FOR REHABILITATION	00100	Component Name			
00500	Subprovider - IRF	00200	CCN Number	10T002		
00500	Subprovider - IRF	00300	CBSA Number	48424		
00500	Subprovider - IRF	00400	Provider Type	5.		
00500	Subprovider - IRF	00500	Date Certified	10/01/2005		
00500	Subprovider - IRF	00600	Payment - Title 5	N		
00500	Subprovider - IRF	00700	Payment - Medicare	P		
00500	Subprovider - IRF	00800	Payment - Medicaid	O		
02000	Cost Reporting Period	00100	Rept Period - From	10/01/2018	Date	
02000	Cost Reporting Period	00200	Rept Period - To	09/30/2019	Date	
02100	Type of Control	00100	Provider Type	2	Code	
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00100	Question		Y	Answer

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100002	BETHESDA HOSPITAL BOYNTON BEACH, FL 33435					

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data					
1	Part 1 - Complex Identification Data					
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00200	Question		N	Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00100	Question		N	Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00200	Question		Y	Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00100	Question		N	Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00200	Question		N	Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00100	Question		N	Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00200	Question		N	Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00300	Question		N	Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00100	Question		2.	Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00200	Question		Y	Answer
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00100	State Medicaid Paid	6,523.		Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00200	State Medicaid Elig	8,491.		Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00400	Out-State Medicaid Elig	216.		Days

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100002	BETHESDA HOSPITAL BOYNTON BEACH, FL 33435				

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
1	Part 1 - Complex Identification Data				
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00500	Medicaid HMO	10,254.	Days
02500	If line 22 is 'yes' and this provider is an IRF then enter the in-state Medicaid paid days.	00100	State Medicaid Paid	112.	Days
02500	If line 22 is 'yes' and this provider is an IRF then enter the in-state Medicaid paid days.	00200	State Medicaid Elig	91.	Days
02500	If line 22 is 'yes' and this provider is an IRF then enter the in-state Medicaid paid days.	00400	Out-State Medicaid Elig	14.	Days
02500	If line 22 is 'yes' and this provider is an IRF then enter the in-state Medicaid paid days.	00500	Medicaid HMO	45.	Days
02600	Geographic Classification - Enter you standard geographic classification status at the beginning of the CR period.	00100	Geographic Location	1.	Urban/Rur a
02700	Geographic Classification - Enter you standard geographic classification status at the end of the CR period.	00100	Geographic Location	1.	Urban/Rur a
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00100	Answer - Part 1	N	Answer
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00200	Answer - Part 2	N	Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00100	Discharges before 10-1	N	Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00200	Discharges after 10-1	N	Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00100	Title 5	N	Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00200	Medicare	Y	Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00300	Medicaid	N	Answer

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100002 BETHESDA HOSPITAL BOYNTON BEACH, FL 33435

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
1	Part 1 - Complex Identification Data				
06100	Did your facility receive additional FTE slots uner ACA section 5503?	00100	Question		N Answer
06300	Has your facility trained residents in non-provider settings during the cost reporting period?	00100	Question		N Answer
07000	Is this facility an Inpatient Psychiatric Facility (IPF), or do you contain an IPF subprovider?	00100	Question		N Answer
07500	Is this facility an Inpatient Rehabilitation Facility (IRF) or do you contain an IRF subprovider?	00100	Question		Y Answer
07600	If line 75 is yes, does your facility have a teaching program in the most recent cost reporting period ending on or before No	00100	Question		N Answer
08000	Is this a Long Term Care Hospital?	00100	Question		N Answer
08100	Line missing from Documentation.	00100	Question		N Answer
08500	Is this a new hospital under 42 CFR 413.40 TEFRA?	00100	Question		N Answer
08700	Is this hospital a 'Subclause (II)' LTCH classified under 1886(d)(B)(iv)(II)?	00100	Question		N Answer
09000	Does this facility have title 5 and/or title 19 inpatient hospital services?	00100	Title 5		N Answer
09000	Does this facility have title 5 and/or title 19 inpatient hospital services?	00200	Medicaid		Y Answer
09100	Is this hospital reimbursed for title 5 and/or title 19 through the cost report either in full or part?	00100	Title 5		N Answer
09100	Is this hospital reimbursed for title 5 and/or title 19 through the cost report either in full or part?	00200	Medicaid		Y Answer
09200	Are Title 19 NF patients occupying Title 18 SNF beds (dual certification)?	00200	Medicaid		N Answer
09300	Does this facility operate an ICF/MR facility for purposes of Title 5 or 19?	00100	Title 5		N Answer
09300	Does this facility operate an ICF/MR facility for purposes of Title 5 or 19?	00200	Medicaid		N Answer
09400	Does title 5 or title 19 program reduce capital cost?	00100	Title 5		N Answer
09400	Does title 5 or title 19 program reduce capital cost?	00200	Medicaid		N Answer
09600	Does title 5 or title 19 reduce operating cost?	00100	Title 5		N Answer
09600	Does title 5 or title 19 reduce operating cost?	00200	Medicaid		N Answer

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Line	Description	Col	Column Desc	Line Value	Type
S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
09800	Y	00100	Component Name		
09800		00200	CCN Number		Y
09801	Y	00100	Component Name		
09801		00200	CCN Number		Y
09802	Y	00100	Component Name		
09802		00200	CCN Number		Y
09803	N	00100	Component Name		
09803		00200	CCN Number		N
09804	N	00100	Component Name		
09804		00200	CCN Number		N
09805	Y	00100	Component Name		
09805		00200	CCN Number		Y
09806	Y	00100	Component Name		
09806		00200	CCN Number		Y
10500	Does this hospital qualify as a Critical Access Hospital(CAH)?	00100	Question		N Answer
10600	If this facility qualifies as a CAH, has it elected the all inclusive method of payment for outpatient services?	00100	Question		N Answer
10800	Is this a rural hospital qualifying for an exception to the CRNA fee schedule?	00100	Question		N Answer
11000	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reportin	00100	Question		N Answer
11100	N	00100	Component Name		
11500	Is this an all inclusive rate provider?	00100	Question		N Answer
11600	Are you classified as a referral center?	00100	Question		N Answer
11700	Is this facility legally required to carry malpractice insurance?	00100	Malpractice Ins		N Answer
11800	Is the malpractice insurance a claims-made or occurrence policy?	00100	Question		1. Answer
11801	List amounts of malpractice premiums and paid losses	00200	Paid Losses	17,712,049.	Amount
11802	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General?	00100	Question		N Answer

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00100	Question		N Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00200	Rural Hospital		N Answer
12100	Did this facility incur and report cost for the high cost implantable devices charged to patients?	00100	Question		Y Answer
12200	Does this cost report contain state health or similar taxes?	00100	Question		Y Answer
12200	Does this cost report contain state health or similar taxes?	00200	CCN Number		5. Answer
12500	Does this facility operate a transplant center? Yes or No and enter certification date.	00100	Question		N Answer
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00100	Question		Y Answer
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00200	Chain Number	HF8048	Code
14100	BAPTIST HEALTH SOUTH FLORIDA	00100	Chain Organization		
14100	FIRST COAST SERVICE OPTIONS	00200	Chain Organization		
14100	09001	00300	Chain Organization		
14200	6855 RED ROAD	00100	Chain Organization		
14300	CORAL GABLES	00100	Chain Organization		
14300	FL	00200	Chain Organization		
14300	33143-3632	00300	Chain Organization		
14400	Are provider based physicians cost included in Worksheet A?	00100	Question		Y Answer
14500	If you are claiming cost for renal services on Worksheet A Line 74, are they cost for inpatient services only?	00100	Question		Y Answer
14600	Has the cost allocation methodology changed from the previously filed cost report?	00100	Question		N Answer
14700	Was there a change in the statistical basis?	00100	Question		N Answer
14800	Was there a change in the order of allocation?	00100	Question		N Answer
14900	Was the change to the simplified cost finding method?	00100	Question		N Answer

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00100	Medicare Part A		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00200	Medicare Part B		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00300	Title V		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00400	Medicaid		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	CBSA Number		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Provider Type		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	Title V		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Medicaid		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00200	Medicare Part B		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00300	Title V		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00400	Medicaid		N Answer
16500	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs?	00100	Question		N Answer
16700	Is this provider a meaningful user under 1886 (n)?	00100	Question		N Answer
17100	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on	00100	Question		N Answer

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S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data				
2	Part 2 - Reimbursement Questionnaire				
00100	Has the provider changed ownership immediately prior to the beginning of the cost report period?	00100	Question		N
00200	Has the provider terminated participation in the Medicare Program?	00100	Question		N
00300	Is the provider involved in business transactions with individuals or entities that are related to the provider?	00100	Question		Y Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00100	Question		Y Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00200	Type of Statements		A Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00300	Date Available	12/19/2019	Answer
00500	Are the cost report total expenses and total revenues different from those on filed financial statements?	00100	Question		N Answer
00600	Were cost claimed for nursing school?	00100	Question		Y Answer
00600	Were cost claimed for nursing school?	00200	Ownership of School		Y Answer
00700	Were cost claimed for allied health programs?	00100	Question		Y Answer
00800	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	00100	Question		N Answer
00900	Are cost claimed for Intern-Resident programs claimed on the current cost report?	00100	Question		Y Answer
01000	Was an Intern-Resident program initiated or renewed in the current cost reporting period?	00100	Question		N Answer
01100	Are GME cost directly assigned to cost centers other than I&R in an Approved Teaching Program on Worksheet A?	00100	Question		N Answer
01200	Is the provider seeking reimbursement for bad debts?	00100	Question		Y Answer
01300	If line 12 is yes, did the provider's bad debt collection policy change during the cost reporting period?	00100	Question		N Answer
01400	If line 12 is yes, are patient deductibles and/or co-payments waived?	00100	Question		N Answer
01500	Have total beds available changed from prior cost reporting period?	00100	Question		Y Answer

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S20 Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data					
2 Part 2 - Reimbursement Questionnaire					
01600	Was the cost report prepared using the PS&R only?	00100	Part A - Question	N	Answer
01600	Was the cost report prepared using the PS&R only?	00300	Part B - Question	N	Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00100	Part A - Question	Y	Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00200	Part A - Date	02/14/2020	Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00300	Part B - Question	Y	Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00400	Part B - Date	02/14/2020	Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additionl claims that have been billed but not included on t	00100	Information	N	Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additionl claims that have been billed but not included on t	00300	Information	N	Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00100	Information	N	Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00300	Information	N	Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00100	Information	N	Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00300	Information	N	Answer
02100	Was the cost report prepared only using the provider's records?	00100	Information	N	Answer
02100	Was the cost report prepared only using the provider's records?	00300	Information	N	Answer
S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
1 Part 1 - Statistical Data					
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00100	Wkst Line No	30.	Line Code
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00200	Number of Beds	339.	Beds

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00300	Days Available	115,883.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00600	Medicare Inpatient Days	18,005.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00700	Medicaid Inpatient Days	3,562.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00800	Total Inpatient Days	65,428.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01300	Medicare Discharges	6,207.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01400	Medicaid Discharges	878.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01500	Total Discharges	19,077.	Discharges
00200	HMO and Other	00600	Medicare Inpatient Days	15,967.	Days
00200	HMO and Other	00700	Medicaid Inpatient Days	16,240.	Days
00200	HMO and Other	01300	Medicare Discharges	3,160.	Discharges
00200	HMO and Other	01400	Medicaid Discharges	3,484.	Discharges
00400	HMO - IRF Subprovider	00600	Medicare Inpatient Days	1,121.	Days
00400	HMO - IRF Subprovider	00700	Medicaid Inpatient Days	150.	Days
00400	HMO - IRF Subprovider	01400	Medicaid Discharges	15.	Discharges
00700	Total Adults and Pediatrics (exclude observation beds)	00200	Number of Beds	339.	Beds
00700	Total Adults and Pediatrics (exclude observation beds)	00300	Days Available	115,883.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00600	Medicare Inpatient Days	18,005.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00700	Medicaid Inpatient Days	3,562.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00800	Total Inpatient Days	65,428.	Days
00800	Intensive Care Unit	00100	Wkst Line No	31.	Line Code
00800	Intensive Care Unit	00200	Number of Beds	40.	Beds
00800	Intensive Care Unit	00300	Days Available	12,775.	Days
00800	Intensive Care Unit	00600	Medicare Inpatient Days	7,545.	Days
00800	Intensive Care Unit	00800	Total Inpatient Days	8,175.	Days

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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data			
1	Part 1 - Statistical Data			
00900	Coronary Care Unit	00100	Wkst Line No	32. Line Code
00900	Coronary Care Unit	00200	Number of Beds	31. Beds
00900	Coronary Care Unit	00300	Days Available	11,315. Days
00900	Coronary Care Unit	00600	Medicare Inpatient Days	3,901. Days
00900	Coronary Care Unit	00800	Total Inpatient Days	7,653. Days
00900	Coronary Care Unit	00100	Wkst Line No	32.01 Line Code
00900	Coronary Care Unit	00200	Number of Beds	3. Beds
00900	Coronary Care Unit	00300	Days Available	1,095. Days
00900	Coronary Care Unit	00800	Total Inpatient Days	261. Days
00900	Coronary Care Unit	00100	Wkst Line No	32.02 Line Code
00900	Coronary Care Unit	00200	Number of Beds	18. Beds
00900	Coronary Care Unit	00300	Days Available	6,570. Days
00900	Coronary Care Unit	00700	Medicaid Inpatient Days	1,531. Days
00900	Coronary Care Unit	00800	Total Inpatient Days	5,997. Days
01000	Burn Intensive Care Unit	00100	Wkst Line No	33. Line Code
01100	Surgical Intensive Care Unit	00100	Wkst Line No	34. Line Code
01200	Other Special Care	00100	Wkst Line No	35. Line Code
01300	Nursery	00100	Wkst Line No	43. Line Code
01300	Nursery	00700	Medicaid Inpatient Days	4,151. Days
01300	Nursery	00800	Total Inpatient Days	5,605. Days
01400	Total (see instructions)	00200	Number of Beds	431. Beds
01400	Total (see instructions)	00300	Days Available	147,638. Days
01400	Total (see instructions)	00600	Medicare Inpatient Days	29,451. Days
01400	Total (see instructions)	00700	Medicaid Inpatient Days	9,244. Days
01400	Total (see instructions)	00800	Total Inpatient Days	93,119. Days
01400	Total (see instructions)	00900	Total Interns & Resid.	43.24 Count
01400	Total (see instructions)	01000	Employees on Payroll	2,108.08 FTEs
01400	Total (see instructions)	01300	Medicare Discharges	6,207. Discharges
01400	Total (see instructions)	01400	Medicaid Discharges	878. Discharges
01400	Total (see instructions)	01500	Total Discharges	19,077. Discharges
01600	Subprovider - IPF	00100	Wkst Line No	40. Line Code
01700	Subprovider - IRF	00100	Wkst Line No	41. Line Code
01700	Subprovider - IRF	00200	Number of Beds	36. Beds

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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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
01700	Subprovider - IRF	00300	Days Available	13,140.	Days
01700	Subprovider - IRF	00600	Medicare Inpatient Days	8,383.	Days
01700	Subprovider - IRF	00700	Medicaid Inpatient Days	112.	Days
01700	Subprovider - IRF	00800	Total Inpatient Days	10,842.	Days
01700	Subprovider - IRF	01000	Employees on Payroll	51.36	FTEs
01700	Subprovider - IRF	01300	Medicare Discharges	690.	Discharges
01700	Subprovider - IRF	01400	Medicaid Discharges	11.	Discharges
01700	Subprovider - IRF	01500	Total Discharges	865.	Discharges
01800	Subprovider - Other	00100	Wkst Line No	42.	Line Code
01900	Skilled Nursing Facility	00100	Wkst Line No	44.	Line Code
02000	Nursing Facility	00100	Wkst Line No	45.	Line Code
02100	Other Long Term Care	00100	Wkst Line No	46.	Line Code
02200	Home Health Agency	00100	Wkst Line No	101.	Line Code
02300	Ambulatory Surgical Center - ASC (Distinct Part)	00100	Wkst Line No	115.	Line Code
02400	Hospice (Distinct Part)	00100	Wkst Line No	116.	Line Code
02410	Hospice (Non-Distinct Part)	00100	Wkst Line No	30.	Line Code
02500	Community Mental Health Clinic	00100	Wkst Line No	99.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	88.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	89.	Line Code
02700	Total (Sum Lines 14 to 26)	00200	Number of Beds	467.	Beds
02700	Total (Sum Lines 14 to 26)	00900	Total Interns & Resid.	43.24	Count
02700	Total (Sum Lines 14 to 26)	01000	Employees on Payroll	2,159.44	FTEs
02800	Observation Bed Days	00700	Medicaid Inpatient Days	406.	Days
02800	Observation Bed Days	00800	Total Inpatient Days	12,329.	Days
03200	Labor and Delivery Days	00200	Number of Beds	13.	Days
03200	Labor and Delivery Days	00300	Days Available	4,745.	Days
03200	Labor and Delivery Days	00800	Total Inpatient Days	2,051.	Days
2	Part 2 - Wage Data				
00100	Total Salaries	00100	Wkst A Line Number	200.	Line Code
00100	Total Salaries	00200	Amount Reported	130,362,938.	
00100	Total Salaries	00400	Adjusted Salaries	130,362,938.	Salaries

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

Line	Line Description	Col	Column Desc	Line Value	Type
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
00100	Total Salaries	00500	Paid Salary Hours	4,384,806.	Hours
00100	Total Salaries	00600	Average Hourly Amount	29.73	Average
00700	Salaries - Interns and Residents	00100	Wkst A Line Number	21.	Line Code
00700	Salaries - Interns and Residents	00200	Amount Reported	321,061.	
00700	Salaries - Interns and Residents	00400	Adjusted Salaries	321,061.	Salaries
00700	Salaries - Interns and Residents	00500	Paid Salary Hours	12,328.	Hours
00700	Salaries - Interns and Residents	00600	Average Hourly Amount	26.04	Average
00900	Salaries - Skilled Nursing Facility	00100	Wkst A Line Number	44.	Line Code
01000	Salaries - Excludes Area	00200	Amount Reported	5,619,034.	
01000	Salaries - Excludes Area	00300	Reclass. Salaries	-95,224.	Adjustmen t
01000	Salaries - Excludes Area	00400	Adjusted Salaries	5,523,810.	Salaries
01000	Salaries - Excludes Area	00500	Paid Salary Hours	168,054.	Hours
01000	Salaries - Excludes Area	00600	Average Hourly Amount	32.87	Average
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00200	Amount Reported	2,932,595.	
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00400	Adjusted Salaries	2,932,595.	Salaries
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00500	Paid Salary Hours	61,211.	Hours
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00600	Average Hourly Amount	47.91	Average
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00200	Amount Reported	260,000.	
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00400	Adjusted Salaries	260,000.	Salaries
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00500	Paid Salary Hours	2,560.	Hours
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00600	Average Hourly Amount	101.56	Average
01401		00200	Amount Reported	9,648,228.	
01401		00400	Adjusted Salaries	9,648,228.	Salaries
01401		00500	Paid Salary Hours	253,501.	Hours
01401		00600	Average Hourly Amount	38.06	Average
01700	Wage Related Costs - Core	00200	Amount Reported	27,943,495.	
01700	Wage Related Costs - Core	00400	Adjusted Salaries	27,943,495.	Salaries

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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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
01900	Wage Related Costs - Excluded Areas	00200	Amount Reported	1,184,037.	
01900	Wage Related Costs - Excluded Areas	00400	Adjusted Salaries	1,184,037.	Salaries
02500	Wage Related Cost - Intern and Residents	00200	Amount Reported	68,820.	
02500	Wage Related Cost - Intern and Residents	00400	Adjusted Salaries	68,820.	Salaries
02551		00200	Amount Reported	4,990,492.	
02551		00400	Adjusted Salaries	4,990,492.	Salaries
02600	Overhead Cost - Employee Benefits	00100	Wkst A Line Number	4.	Line Code
02600	Overhead Cost - Employee Benefits	00200	Amount Reported	902,754.	
02600	Overhead Cost - Employee Benefits	00300	Reclass. Salaries	-1,929.	Adjustment
02600	Overhead Cost - Employee Benefits	00400	Adjusted Salaries	900,825.	Salaries
02600	Overhead Cost - Employee Benefits	00500	Paid Salary Hours	48,543.	Hours
02600	Overhead Cost - Employee Benefits	00600	Average Hourly Amount	18.56	Average
02700	Overhead Cost - Administrative & General	00100	Wkst A Line Number	5.	Line Code
02700	Overhead Cost - Administrative & General	00200	Amount Reported	14,774,493.	
02700	Overhead Cost - Administrative & General	00300	Reclass. Salaries	328.	Adjustment
02700	Overhead Cost - Administrative & General	00400	Adjusted Salaries	14,774,821.	Salaries
02700	Overhead Cost - Administrative & General	00500	Paid Salary Hours	460,495.	Hours
02700	Overhead Cost - Administrative & General	00600	Average Hourly Amount	32.08	Average
02800	Overhead Cost - Administrative & General Under Contract	00200	Amount Reported	2,473,003.	
02800	Overhead Cost - Administrative & General Under Contract	00400	Adjusted Salaries	2,473,003.	Salaries
02800	Overhead Cost - Administrative & General Under Contract	00500	Paid Salary Hours	10,890.	Hours
02800	Overhead Cost - Administrative & General Under Contract	00600	Average Hourly Amount	227.09	Average
02900	Overhead Cost - Maintenance and Repairs	00100	Wkst A Line Number	6.	Line Code
03000	Overhead Cost - Operation of Plant	00100	Wkst A Line Number	7.	Line Code
03000	Overhead Cost - Operation of Plant	00200	Amount Reported	2,102,278.	
03000	Overhead Cost - Operation of Plant	00400	Adjusted Salaries	2,102,278.	Salaries
03000	Overhead Cost - Operation of Plant	00500	Paid Salary Hours	81,248.	Hours
03000	Overhead Cost - Operation of Plant	00600	Average Hourly Amount	25.87	Average
03100	Overhead Cost - Laundry and Linen Service	00100	Wkst A Line Number	8.	Line Code

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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

S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
2 Part 2 - Wage Data					
03100	Overhead Cost - Laundry and Linen Service	00200	Amount Reported	106,217.	
03100	Overhead Cost - Laundry and Linen Service	00400	Adjusted Salaries	106,217.	Salaries
03100	Overhead Cost - Laundry and Linen Service	00500	Paid Salary Hours	7,823.	Hours
03100	Overhead Cost - Laundry and Linen Service	00600	Average Hourly Amount	13.58	Average
03200	Overhead Cost - Housekeeping	00100	Wkst A Line Number	9.	Line Code
03200	Overhead Cost - Housekeeping	00200	Amount Reported	2,878,650.	
03200	Overhead Cost - Housekeeping	00400	Adjusted Salaries	2,878,650.	Salaries
03200	Overhead Cost - Housekeeping	00500	Paid Salary Hours	205,774.	Hours
03200	Overhead Cost - Housekeeping	00600	Average Hourly Amount	13.99	Average
03300	Overhead Cost - Housekeeping Under Contract	00200	Amount Reported	251,682.	
03300	Overhead Cost - Housekeeping Under Contract	00400	Adjusted Salaries	251,682.	Salaries
03300	Overhead Cost - Housekeeping Under Contract	00500	Paid Salary Hours	6,240.	Hours
03300	Overhead Cost - Housekeeping Under Contract	00600	Average Hourly Amount	40.33	Average
03400	Overhead Cost - Dietary	00100	Wkst A Line Number	10.	Line Code
03400	Overhead Cost - Dietary	00200	Amount Reported	3,634,939.	
03400	Overhead Cost - Dietary	00300	Reclass. Salaries	-1,895,317.	Adjustment
03400	Overhead Cost - Dietary	00400	Adjusted Salaries	1,739,622.	Salaries
03400	Overhead Cost - Dietary	00500	Paid Salary Hours	106,416.	Hours
03400	Overhead Cost - Dietary	00600	Average Hourly Amount	16.35	Average
03500	Overhead Cost - Dietary Under Contract	00200	Amount Reported	279,816.	
03500	Overhead Cost - Dietary Under Contract	00400	Adjusted Salaries	279,816.	Salaries
03500	Overhead Cost - Dietary Under Contract	00500	Paid Salary Hours	5,547.	Hours
03500	Overhead Cost - Dietary Under Contract	00600	Average Hourly Amount	50.44	Average
03600	Overhead Cost - Cafeteria	00100	Wkst A Line Number	11.	Line Code
03600	Overhead Cost - Cafeteria	00300	Reclass. Salaries	1,895,317.	Adjustment
03600	Overhead Cost - Cafeteria	00400	Adjusted Salaries	1,895,317.	Salaries
03600	Overhead Cost - Cafeteria	00500	Paid Salary Hours	115,940.	Hours
03600	Overhead Cost - Cafeteria	00600	Average Hourly Amount	16.35	Average
03700	Overhead Cost - Maintenance of Personnel	00100	Wkst A Line Number	12.	Line Code
03800	Overhead Cost - Nursing Administration	00100	Wkst A Line Number	13.	Line Code
03800	Overhead Cost - Nursing Administration	00200	Amount Reported	2,147,163.	

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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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
03800	Overhead Cost - Nursing Admiistration	00300	Reclass. Salaries	13,605.	Adjustmen t
03800	Overhead Cost - Nursing Admiistration	00400	Adjusted Salaries	2,160,768.	Salaries
03800	Overhead Cost - Nursing Admiistration	00500	Paid Salary Hours	59,280.	Hours
03800	Overhead Cost - Nursing Admiistration	00600	Average Hourly Amount	36.45	Average
03900	Overhead Cost - Central Services and Supply	00100	Wkst A Line Number	14.	Line Code
03900	Overhead Cost - Central Services and Supply	00200	Amount Reported	670,359.	
03900	Overhead Cost - Central Services and Supply	00300	Reclass. Salaries	8,076.	Adjustmen t
03900	Overhead Cost - Central Services and Supply	00400	Adjusted Salaries	678,435.	Salaries
03900	Overhead Cost - Central Services and Supply	00500	Paid Salary Hours	45,911.	Hours
03900	Overhead Cost - Central Services and Supply	00600	Average Hourly Amount	14.78	Average
04000	Overhead Cost - Pharmacy	00100	Wkst A Line Number	15.	Line Code
04000	Overhead Cost - Pharmacy	00200	Amount Reported	5,721,121.	
04000	Overhead Cost - Pharmacy	00300	Reclass. Salaries	-8,479.	Adjustmen t
04000	Overhead Cost - Pharmacy	00400	Adjusted Salaries	5,712,642.	Salaries
04000	Overhead Cost - Pharmacy	00500	Paid Salary Hours	133,009.	Hours
04000	Overhead Cost - Pharmacy	00600	Average Hourly Amount	42.95	Average
04100	Overhead Cost - Medical Records & Medical Records Library	00100	Wkst A Line Number	16.	Line Code
04100	Overhead Cost - Medical Records & Medical Records Library	00200	Amount Reported	1,622,754.	
04100	Overhead Cost - Medical Records & Medical Records Library	00400	Adjusted Salaries	1,622,754.	Salaries
04100	Overhead Cost - Medical Records & Medical Records Library	00500	Paid Salary Hours	93,089.	Hours
04100	Overhead Cost - Medical Records & Medical Records Library	00600	Average Hourly Amount	17.43	Average
04200	Overhead Cost - Social Service	00100	Wkst A Line Number	17.	Line Code
04300	Overhead Cost - Other General Services	00100	Wkst A Line Number	18.	Line Code
3	Part 3 - Hospital Wage Index Summary				
00100	Net Salaries	00200	Amount Reported	133,046,378.	Salaries
00100	Net Salaries	00400	Adjusted Salaries	133,046,378.	Salaries
00100	Net Salaries	00500	Paid Salary Hours	4,395,155.	Hours

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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

S30					
Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
3					
Part 3 - Hospital Wage Index Summary					
00100	Net Salaries	00600	Average Hourly Amount	30.27	Average
00200	Excluded Area Salaries	00200	Amount Reported	5,619,034.	Salaries
00200	Excluded Area Salaries	00300	Reclass. Salaries	-95,224.	Salaries
00200	Excluded Area Salaries	00400	Adjusted Salaries	5,523,810.	Salaries
00200	Excluded Area Salaries	00500	Paid Salary Hours	168,054.	Hours
00200	Excluded Area Salaries	00600	Average Hourly Amount	32.87	Average
00300	Sub Total Salaries (Line 01 Minus 02)	00200	Amount Reported	127,427,344.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00300	Reclass. Salaries	95,224.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00400	Adjusted Salaries	127,522,568.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00500	Paid Salary Hours	4,227,101.	Hours
00300	Sub Total Salaries (Line 01 Minus 02)	00600	Average Hourly Amount	30.17	Average
00400	Sub Total Other Wages and Related Costs	00200	Amount Reported	12,840,823.	Salaries
00400	Sub Total Other Wages and Related Costs	00400	Adjusted Salaries	12,840,823.	Salaries
00400	Sub Total Other Wages and Related Costs	00500	Paid Salary Hours	317,272.	Hours
00400	Sub Total Other Wages and Related Costs	00600	Average Hourly Amount	40.47	Average
00500	Sub Total Wage Related Costs	00200	Amount Reported	32,933,987.	Salaries
00500	Sub Total Wage Related Costs	00400	Adjusted Salaries	32,933,987.	Salaries
00500	Sub Total Wage Related Costs	00600	Average Hourly Amount	25.83	Average
00600	Total (Sum of Lines 03 to 05)	00200	Amount Reported	173,202,154.	Salaries
00600	Total (Sum of Lines 03 to 05)	00300	Reclass. Salaries	95,224.	Salaries
00600	Total (Sum of Lines 03 to 05)	00400	Adjusted Salaries	173,297,378.	Salaries
00600	Total (Sum of Lines 03 to 05)	00500	Paid Salary Hours	4,544,373.	Hours
00600	Total (Sum of Lines 03 to 05)	00600	Average Hourly Amount	38.13	Average
00700	Total Overhead Cost (See Instructions)	00200	Amount Reported	37,565,229.	Salaries
00700	Total Overhead Cost (See Instructions)	00300	Reclass. Salaries	11,601.	Salaries
00700	Total Overhead Cost (See Instructions)	00400	Adjusted Salaries	37,576,830.	Salaries
00700	Total Overhead Cost (See Instructions)	00500	Paid Salary Hours	1,380,205.	Hours
00700	Total Overhead Cost (See Instructions)	00600	Average Hourly Amount	27.23	Average
4					
Part 4 - Core List					
00100	Retirement - 401K Employer Contributions	00100	Amount	-92,553.	
00400	Retirement - Qualified Defined Benefit Plan Cost	00100	Amount	4,570,495.	

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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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
4	Part 4 - Core List				
00600	Plan Admin Cost - Legal/Accounting/Management Fee-Pension Plan	00100	Amount	951,826.	
00802		00100	Amount	14,357,646.	
01000	Dental, Hearing and Vision Plan	00100	Amount	279,566.	
01100	Life Insurance (If Employee Is Owner or Beneficiary)	00100	Amount	21,197.	
01300	Disability Insurance (If Employee Is Owner or Beneficiary)	00100	Amount	531,333.	
01400	Long-Term Care Insurance (If Employee Is Owner or Beneficiary)	00100	Amount	-2,235,177.	
01500	Workers Compensation Insurance	00100	Amount	1,403,719.	
01700	FICA-Employers Portion Only	00100	Amount	9,182,480.	
01900	Unemployment Insurance	00100	Amount	5,188.	
02200	Day Care Cost and Allownaces	00100	Amount	220,633.	
02400	Total Wage Related Cost (Sum lines 01-23)	00100	Amount	29,196,353.	
5	Part 3 - Contract Labor and Benefit Cost				
00100	Total Facility Contract Labor and Benefit Cost	00100	Contract Labor	2,932,595.	
00100	Total Facility Contract Labor and Benefit Cost	00200	Benefit Cost	29,196,353.	
00200	Hospital	00100	Contract Labor	2,932,595.	
00200	Hospital	00200	Benefit Cost	29,196,353.	

100080 JFK MEDICAL CENTER ATLANTIS, FL 33462

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

S00	Wkst S Hospital and Hospital Healthcare Complex Cost Report Certification and Settlement Summary				
1	Part 1 - Cost Report Status				
00100	Electronically Filed Cost Report?	00100	Information	X	
00400	Medicare Utilization - F for 'Full' and L for 'Low'	00100	Information	F	
00500	Cost Report Status (1-Submitted 2-Settled 3- Audited 4-Reopened 5-Amended)	00100	Information	1	
00600	FI Received Date	00200	Information	11/27/2019	
00700	Fiscal Intermediary Number	00200	Information	05901	
00800	Initial Cost Report for this Provider CCN?	00200	Information	N	
00900	Final Cost Report for this Provider CCN?	00200	Information	N	

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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

Line	Line Description	Col	Column Desc	Line Value	Type
S00	Wkst S Hospital and Hospital Healthcare Complex Cost Report Certification and Settlement Summary				
1	Part 1 - Cost Report Status				
01100	Contractor Vendor Code	00300	Information	4	
3	Part 3 - Settlement Summary				
00100	Hospital	00200	Medicare - Part A	1,565,691.	
00100	Hospital	00300	Medicare - Part B	180,081.	
00100	Hospital	00500	Medicaid	15,143,885.	
00200	Subprovider - IPF	00200	Medicare - Part A	259.	
00200	Subprovider - IPF	00300	Medicare - Part B	-16.	
20000	Total Settlement Summary	00200	Medicare - Part A	1,565,950.	
20000	Total Settlement Summary	00300	Medicare - Part B	180,065.	
20000	Total Settlement Summary	00500	Medicaid	15,143,885.	
S10	Wkst S-10 Hospital Uncompensated and Indigent Care Data				
00100	Cost to Charge Ratio (Worksheet C Part 1 Line 200 Col 3 Divided by Line 200 Col 8)	00100	Amounts	0.084160	CC Ratio
00200	Net Revenue From Medicaid	00100	Amounts	38,760,443.	
00300	Did you receive DSH or supplemental payment from Medicaid?	00100	Question	Y	Answer
00400	If line 3 is yes, does line 2 included all DSH or supplemental payments from Medicaid?	00100	Question	N	Answer
00500	If line 4 is no, enter DSH or supplemental payment from Medicaid.	00100	Amounts	-6,918,747.	
00600	Medicaid Charges	00100	Amounts	823,187,238.	Charges
00700	Medicaid Cost (Line 01 Times Line 06)	00100	Amounts	69,279,438.	Cost
00800	Difference Between Net Revenue and Cost For Medicaid Program (Line 02 Plus Line 05 Minus Line 07)	00100	Amounts	37,437,742.	
01900	Total Unreimbursed Cost From Medicaid, SCHIP, and State and Local Indigent Care Programs (Sum of Lines 08, 12 and 16)	00100	Amounts	37,437,742.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00100	Uninsured Patients	678,318,321.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00200	Insured Patients	1,157,057.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00300	Total (Col 01 & 02)	679,475,378.	

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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

S10	Wkst S-10 Hospital Uncompensated and Indigent Care Data				
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00100	Uninsured Patients	57,087,270.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00200	Insured Patients	403,420.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00300	Total (Col 01 & 02)	57,490,690.	
02300	Cost of Charity Care (Line 21 Minus 22)	00100	Uninsured Patients	57,087,270.	
02300	Cost of Charity Care (Line 21 Minus 22)	00200	Insured Patients	403,420.	
02300	Cost of Charity Care (Line 21 Minus 22)	00300	Total (Col 01 & 02)	57,490,690.	
02400	Does the Amount in Line 20, Col 2 Include Charges for Patient Days Beyond a Length of Stay Limit for Medicaid Patients	00100	Amounts		Y
02500	If Line 24 is Yes, Enter Charges for Patient Days Beyond as Indigent Care Programs's Length of Stay Limit (See Instructions)	00100	Amounts	822,892.	
02600	Total Bad Debt Expense For the Entire Hospital Complex (See Instructions)	00100	Amounts	81,030,588.	
02700	Medicare Bad Debts For the Entire Hospital Complex (See Instructions)	00100	Amounts	2,240,821.	
02701		00100	Amounts	3,447,417.	
02800	Non-Medicare and Non-Reimbursable Bad Debt Expense (Line 26 Minus Line 27)	00100	Amounts	77,583,171.	
02900	Cost of Non-Medicare Bad Debt Expense (Line 01 Times Line 28)	00100	Amounts	7,735,996.	
03000	Cost of Non-Medicare Uncompensated Care (Line 23 Col 03 Plus Line 29)	00100	Amounts	65,226,686.	
03100	Total Unreimbursed and Uncompensated Care Cost (Line 19 Plus Line 30)	00100	Amounts	102,664,428.	
S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
00300	Hospital	00200	CCN Number	100080	
00300	Hospital	00300	CBSA Number	48424	
00300	Hospital	00400	Provider Type	1.	
00300	Hospital	00500	Date Certified	07/01/1966	
00300	Hospital	00600	Payment - Title 5	N	
00300	Hospital	00700	Payment - Medicare	P	
00300	Hospital	00800	Payment - Medicaid	O	

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Line	Line Description	Col	Column Desc	Line Value	Type
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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00400	Medicaid		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	CBSA Number		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Provider Type		N Answer

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Line	Description	Col	Column Desc	Line Value	Type
S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
2	Part 2 - Reimbursement Questionnaire				
01600	Was the cost report prepared using the PS&R only?	00100	Part A - Question	N	Answer
01600	Was the cost report prepared using the PS&R only?	00300	Part B - Question	N	Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00100	Part A - Question	Y	Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00200	Part A - Date	10/11/2019	Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00300	Part B - Question	Y	Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00400	Part B - Date	10/11/2019	Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additioanl claims that have been billed but not included on t	00100	Information	N	Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additioanl claims that have been billed but not included on t	00300	Information	N	Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00100	Information	N	Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00300	Information	N	Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00100	Information	N	Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00300	Information	N	Answer
02100	Was the cost report prepared only using the provider's records?	00100	Information	N	Answer
02100	Was the cost report prepared only using the provider's records?	00300	Information	N	Answer
02200	Have assets been relifed for Medicare purposes?	00100	Question	N	Answer
02300	Have changes ocured in the Medicare depreciation expense due to appraisal made during the cost report period?	00100	Question	N	Answer

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
2	Part 2 - Reimbursement Questionnaire				
02400	Were new leases and/or amendments to existing leases entered into during this cost reporting period?	00100	Question		Y Answer
02500	Have there been new capitalized leases entered into during the cost reporting period?	00100	Question		Y Answer
02600	Were assets subject to Section 2314 of DEFRA acquired during the cost reporting period?	00100	Question		N Answer
02700	Has the provider's capitalization policy changed during the cost reporting period?	00100	Question		N Answer
02800	Were new loans, mortgage agreement or letters of credit entered into during the cost reporting period?	00100	Question		N Answer
02900	Did the provider have a funded depreciation account and/or bond funds treated as a funded depreciation account?	00100	Question		N Answer
03000	Has existing debt been replaced prior to its scheduled maturity with new debt?	00100	Question		N Answer
03100	Has debt been recalled before scheduled maturity without issuance of new debt?	00100	Question		N Answer
03200	Have changes or new agreement occurred in patient care services furnished through contractual arrangements with suppliers of s	00100	Question		N Answer
03300	If line 32 is yes, were the requirements of section 2135.2 applied pertaining to competitive bidding?	00100	Question		N Answer
03400	Are services furnished at the provider facility under an arrangement with provider-based physicians?	00100	Question		Y Answer
03500	If line 34 is yes, were the new agreement or amended existing agreements with provider-based physicians during in the current	00100	Information		Y Answer
03600	Are home office cost claimed on the cost report?	00100	Question		Y Answer
03700	If line 36 is yes, has a home office cost statement been prepared by the home office?	00100	Question		Y Answer
03800	If line 36 is yes, was the fiscal year end of the home office different from the provider?	00100	Question		Y Answer
03800	If line 36 is yes, was the fiscal year end of the home office different from the provider?	00200	Question	12/31/2018	Answer

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S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data				
2	Part 2 - Reimbursement Questionnaire				
03900	if line 36 is yes, did the provider render services to other chain components?	00100	Question		N Answer
04000	If line 36 is yes, did the provider render services to the home office?	00100	Question		N Answer
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00100	Wkst Line No	30.	Line Code
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00200	Number of Beds	551.	Beds
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00300	Days Available	201,115.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00600	Medicare Inpatient Days	35,562.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00700	Medicaid Inpatient Days	11,858.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00800	Total Inpatient Days	127,879.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01300	Medicare Discharges	8,835.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01400	Medicaid Discharges	1,503.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01500	Total Discharges	32,869.	Discharges
00200	HMO and Other	00600	Medicare Inpatient Days	36,410.	Days
00200	HMO and Other	00700	Medicaid Inpatient Days	18,538.	Days
00200	HMO and Other	01300	Medicare Discharges	7,188.	Discharges
00300	HMO - IPF Subprovider	00600	Medicare Inpatient Days	3,114.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00200	Number of Beds	551.	Beds
00700	Total Adults and Pediatrics (exclude observation beds)	00300	Days Available	201,115.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00600	Medicare Inpatient Days	35,562.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00700	Medicaid Inpatient Days	11,858.	Days

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S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
1 Part 1 - Statistical Data					
00700	Total Adults and Pediatrics (exclude observation beds)	00800	Total Inpatient Days	127,879.	Days
00800	Intensive Care Unit	00100	Wkst Line No	31.	Line Code
00800	Intensive Care Unit	00200	Number of Beds	72.	Beds
00800	Intensive Care Unit	00300	Days Available	26,280.	Days
00800	Intensive Care Unit	00600	Medicare Inpatient Days	4,246.	Days
00800	Intensive Care Unit	00700	Medicaid Inpatient Days	1,268.	Days
00800	Intensive Care Unit	00800	Total Inpatient Days	15,625.	Days
00900	Coronary Care Unit	00100	Wkst Line No	32.	Line Code
01000	Burn Intensive Care Unit	00100	Wkst Line No	33.	Line Code
01100	Surgical Intensive Care Unit	00100	Wkst Line No	34.	Line Code
01200	Other Special Care	00100	Wkst Line No	35.	Line Code
01300	Nursery	00100	Wkst Line No	43.	Line Code
01300	Nursery	00700	Medicaid Inpatient Days	367.	Days
01300	Nursery	00800	Total Inpatient Days	985.	Days
01400	Total (see instructions)	00200	Number of Beds	623.	Beds
01400	Total (see instructions)	00300	Days Available	227,395.	Days
01400	Total (see instructions)	00600	Medicare Inpatient Days	39,808.	Days
01400	Total (see instructions)	00700	Medicaid Inpatient Days	13,493.	Days
01400	Total (see instructions)	00800	Total Inpatient Days	144,489.	Days
01400	Total (see instructions)	00900	Total Interns & Resid.	63.07	Count
01400	Total (see instructions)	01000	Employees on Payroll	2,204.97	FTEs
01400	Total (see instructions)	01300	Medicare Discharges	8,835.	Discharges
01400	Total (see instructions)	01400	Medicaid Discharges	1,503.	Discharges
01400	Total (see instructions)	01500	Total Discharges	32,869.	Discharges
01600	Subprovider - IPF	00100	Wkst Line No	40.	Line Code
01600	Subprovider - IPF	00200	Number of Beds	92.	Beds
01600	Subprovider - IPF	00300	Days Available	33,580.	Days
01600	Subprovider - IPF	00600	Medicare Inpatient Days	5,372.	Days
01600	Subprovider - IPF	00700	Medicaid Inpatient Days	2,468.	Days
01600	Subprovider - IPF	00800	Total Inpatient Days	29,309.	Days
01600	Subprovider - IPF	01000	Employees on Payroll	137.21	FTEs
01600	Subprovider - IPF	01300	Medicare Discharges	737.	Discharges

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S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
1 Part 1 - Statistical Data					
01600	Subprovider - IPF	01400	Medicaid Discharges	492.	Discharges
01600	Subprovider - IPF	01500	Total Discharges	5,845.	Discharges
01700	Subprovider - IRF	00100	Wkst Line No	41.	Line Code
01800	Subprovider - Other	00100	Wkst Line No	42.	Line Code
01900	Skilled Nursing Facility	00100	Wkst Line No	44.	Line Code
02000	Nursing Facility	00100	Wkst Line No	45.	Line Code
02100	Other Long Term Care	00100	Wkst Line No	46.	Line Code
02200	Home Health Agency	00100	Wkst Line No	101.	Line Code
02300	Ambulatory Surgical Center - ASC (Distinct Part)	00100	Wkst Line No	115.	Line Code
02400	Hospice (Distinct Part)	00100	Wkst Line No	116.	Line Code
02410	Hospice (Non-Distinct Part)	00100	Wkst Line No	30.	Line Code
02410	Hospice (Non-Distinct Part)	00800	Total Inpatient Days	380.	Days
02500	Community Mental Health Clinic	00100	Wkst Line No	99.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	88.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	89.	Line Code
02700	Total (Sum Lines 14 to 26)	00200	Number of Beds	715.	Beds
02700	Total (Sum Lines 14 to 26)	00900	Total Interns & Resid.	63.07	Count
02700	Total (Sum Lines 14 to 26)	01000	Employees on Payroll	2,342.18	FTEs
02800	Observation Bed Days	00700	Medicaid Inpatient Days	3,583.	Days
02800	Observation Bed Days	00800	Total Inpatient Days	22,629.	Days
03200	Labor and Delivery Days	00700	Medicaid Inpatient Days	101.	Days
03200	Labor and Delivery Days	00800	Total Inpatient Days	134.	Days
2 Part 2 - Wage Data					
00100	Total Salaries	00100	Wkst A Line Number	200.	Line Code
00100	Total Salaries	00200	Amount Reported	156,662,449.	
00100	Total Salaries	00300	Reclass. Salaries	455,526.	Adjustment
00100	Total Salaries	00400	Adjusted Salaries	157,117,975.	Salaries
00100	Total Salaries	00500	Paid Salary Hours	4,871,727.	Hours
00100	Total Salaries	00600	Average Hourly Amount	32.25	Average
00700	Salaries - Interns and Residents	00100	Wkst A Line Number	21.	Line Code

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S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
2 Part 2 - Wage Data					
00700	Salaries - Interns and Residents	00300	Reclass. Salaries	411,523.	Adjustment
00700	Salaries - Interns and Residents	00400	Adjusted Salaries	411,523.	Salaries
00700	Salaries - Interns and Residents	00500	Paid Salary Hours	17,052.	Hours
00700	Salaries - Interns and Residents	00600	Average Hourly Amount	24.13	Average
00700	Salaries - Interns and Residents	00200	Amount Reported	3,512,607.	00701
00700	Salaries - Interns and Residents	00400	Adjusted Salaries	3,512,607.	Salaries
00700	Salaries - Interns and Residents	00500	Paid Salary Hours	122,056.20	Hours
00700	Salaries - Interns and Residents	00600	Average Hourly Amount	28.78	Average
00900	Salaries - Skilled Nursing Facility	00100	Wkst A Line Number	44.	Line Code
01000	Salaries - Excludes Area	00200	Amount Reported	8,706,493.	
01000	Salaries - Excludes Area	00300	Reclass. Salaries	-1,915.	Adjustment
01000	Salaries - Excludes Area	00400	Adjusted Salaries	8,704,578.	Salaries
01000	Salaries - Excludes Area	00500	Paid Salary Hours	293,991.	Hours
01000	Salaries - Excludes Area	00600	Average Hourly Amount	29.61	Average
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00200	Amount Reported	7,902,701.	
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00400	Adjusted Salaries	7,902,701.	Salaries
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00500	Paid Salary Hours	225,933.	Hours
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00600	Average Hourly Amount	34.98	Average
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00200	Amount Reported	578,269.	
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00400	Adjusted Salaries	578,269.	Salaries
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00500	Paid Salary Hours	2,923.	Hours
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00600	Average Hourly Amount	197.83	Average
01401		00200	Amount Reported	40,725,619.	
01401		00400	Adjusted Salaries	40,725,619.	Salaries
01401		00500	Paid Salary Hours	1,041,491.	Hours
01401		00600	Average Hourly Amount	39.10	Average

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
01402		00200	Amount Reported	2,996,093.	
01402		00400	Adjusted Salaries	2,996,093.	Salaries
01402		00500	Paid Salary Hours	74,977.	Hours
01402		00600	Average Hourly Amount	39.96	Average
01700	Wage Related Costs - Core	00200	Amount Reported	46,392,843.	
01700	Wage Related Costs - Core	00400	Adjusted Salaries	46,392,843.	Salaries
01900	Wage Related Costs - Excluded Areas	00200	Amount Reported	2,728,547.	
01900	Wage Related Costs - Excluded Areas	00400	Adjusted Salaries	2,728,547.	Salaries
02500	Wage Related Cost - Intern and Residents	00200	Amount Reported	128,996.	
02500	Wage Related Cost - Intern and Residents	00400	Adjusted Salaries	128,996.	Salaries
02550		00200	Amount Reported	8,400,580.	
02550		00400	Adjusted Salaries	8,400,580.	Salaries
02551		00200	Amount Reported	749,115.	
02551		00400	Adjusted Salaries	749,115.	Salaries
02600	Overhead Cost - Employee Benefits	00100	Wkst A Line Number	4.	Line Code
02600	Overhead Cost - Employee Benefits	00200	Amount Reported	117,709.	
02600	Overhead Cost - Employee Benefits	00300	Reclass. Salaries	-32,615.	Adjustmen t
02600	Overhead Cost - Employee Benefits	00400	Adjusted Salaries	85,094.	Salaries
02600	Overhead Cost - Employee Benefits	00500	Paid Salary Hours	2,975.	Hours
02600	Overhead Cost - Employee Benefits	00600	Average Hourly Amount	28.60	Average
02700	Overhead Cost - Administrative & General	00100	Wkst A Line Number	5.	Line Code
02700	Overhead Cost - Administrative & General	00200	Amount Reported	9,789,483.	
02700	Overhead Cost - Administrative & General	00300	Reclass. Salaries	14,481.	Adjustmen t
02700	Overhead Cost - Administrative & General	00400	Adjusted Salaries	9,803,964.	Salaries
02700	Overhead Cost - Administrative & General	00500	Paid Salary Hours	236,663.	Hours
02700	Overhead Cost - Administrative & General	00600	Average Hourly Amount	41.43	Average
02800	Overhead Cost - Administrative & General Under Contract	00200	Amount Reported	1,217,767.	
02800	Overhead Cost - Administrative & General Under Contract	00400	Adjusted Salaries	1,217,767.	Salaries
02800	Overhead Cost - Administrative & General Under Contract	00500	Paid Salary Hours	4,836.	Hours

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100080	JFK MEDICAL CENTER ATLANTIS, FL 33462				

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
02800	Overhead Cost - Administrative & General Under Contract	00600	Average Hourly Amount	251.81	Average
02900	Overhead Cost - Maintenance and Repairs	00100	Wkst A Line Number	6.	Line Code
03000	Overhead Cost - Operation of Plant	00100	Wkst A Line Number	7.	Line Code
03000	Overhead Cost - Operation of Plant	00200	Amount Reported	1,458,372.	
03000	Overhead Cost - Operation of Plant	00400	Adjusted Salaries	1,458,372.	Salaries
03000	Overhead Cost - Operation of Plant	00500	Paid Salary Hours	57,717.	Hours
03000	Overhead Cost - Operation of Plant	00600	Average Hourly Amount	25.27	Average
03100	Overhead Cost - Laundry and Linen Service	00100	Wkst A Line Number	8.	Line Code
03200	Overhead Cost - Housekeeping	00100	Wkst A Line Number	9.	Line Code
03200	Overhead Cost - Housekeeping	00200	Amount Reported	4,075,543.	
03200	Overhead Cost - Housekeeping	00400	Adjusted Salaries	4,075,543.	Salaries
03200	Overhead Cost - Housekeeping	00500	Paid Salary Hours	275,718.	Hours
03200	Overhead Cost - Housekeeping	00600	Average Hourly Amount	14.78	Average
03400	Overhead Cost - Dietary	00100	Wkst A Line Number	10.	Line Code
03400	Overhead Cost - Dietary	00200	Amount Reported	4,310,592.	
03400	Overhead Cost - Dietary	00400	Adjusted Salaries	4,310,592.	Salaries
03400	Overhead Cost - Dietary	00500	Paid Salary Hours	232,345.	Hours
03400	Overhead Cost - Dietary	00600	Average Hourly Amount	18.55	Average
03600	Overhead Cost - Cafeteria	00100	Wkst A Line Number	11.	Line Code
03700	Overhead Cost - Maintenance of Personnel	00100	Wkst A Line Number	12.	Line Code
03800	Overhead Cost - Nursing Admiistration	00100	Wkst A Line Number	13.	Line Code
03800	Overhead Cost - Nursing Admiistration	00200	Amount Reported	6,108,754.	
03800	Overhead Cost - Nursing Admiistration	00300	Reclass. Salaries	1,915.	Adjustmen t
03800	Overhead Cost - Nursing Admiistration	00400	Adjusted Salaries	6,110,669.	Salaries
03800	Overhead Cost - Nursing Admiistration	00500	Paid Salary Hours	239,337.	Hours
03800	Overhead Cost - Nursing Admiistration	00600	Average Hourly Amount	25.53	Average
03900	Overhead Cost - Central Services and Supply	00100	Wkst A Line Number	14.	Line Code
04000	Overhead Cost - Pharmacy	00100	Wkst A Line Number	15.	Line Code
04000	Overhead Cost - Pharmacy	00300	Reclass. Salaries	6,118,195.	Adjustmen t
04000	Overhead Cost - Pharmacy	00400	Adjusted Salaries	6,118,195.	Salaries
04000	Overhead Cost - Pharmacy	00500	Paid Salary Hours	125,378.	Hours

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S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
2 Part 2 - Wage Data					
04000	Overhead Cost - Pharmacy	00600	Average Hourly Amount	48.80	Average
04100	Overhead Cost - Medical Records & Medical Records Library	00100	Wkst A Line Number	16.	Line Code
04100	Overhead Cost - Medical Records & Medical Records Library	00200	Amount Reported	3,642,315.	
04100	Overhead Cost - Medical Records & Medical Records Library	00400	Adjusted Salaries	3,642,315.	Salaries
04100	Overhead Cost - Medical Records & Medical Records Library	00500	Paid Salary Hours	97,068.	Hours
04100	Overhead Cost - Medical Records & Medical Records Library	00600	Average Hourly Amount	37.52	Average
04200	Overhead Cost - Social Service	00100	Wkst A Line Number	17.	Line Code
04300	Overhead Cost - Other General Services	00100	Wkst A Line Number	18.	Line Code
3 Part 3 - Hospital Wage Index Summary					
00100	Net Salaries	00200	Amount Reported	154,367,609.	Salaries
00100	Net Salaries	00300	Reclass. Salaries	44,003.	Salaries
00100	Net Salaries	00400	Adjusted Salaries	154,411,612.	Salaries
00100	Net Salaries	00500	Paid Salary Hours	4,737,454.80	Hours
00100	Net Salaries	00600	Average Hourly Amount	32.59	Average
00200	Excluded Area Salaries	00200	Amount Reported	8,706,493.	Salaries
00200	Excluded Area Salaries	00300	Reclass. Salaries	-1,915.	Salaries
00200	Excluded Area Salaries	00400	Adjusted Salaries	8,704,578.	Salaries
00200	Excluded Area Salaries	00500	Paid Salary Hours	293,991.	Hours
00200	Excluded Area Salaries	00600	Average Hourly Amount	29.61	Average
00300	Sub Total Salaries (Line 01 Minus 02)	00200	Amount Reported	145,661,116.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00300	Reclass. Salaries	45,918.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00400	Adjusted Salaries	145,707,034.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00500	Paid Salary Hours	4,443,463.80	Hours
00300	Sub Total Salaries (Line 01 Minus 02)	00600	Average Hourly Amount	32.79	Average
00400	Sub Total Other Wages and Related Costs	00200	Amount Reported	52,202,682.	Salaries
00400	Sub Total Other Wages and Related Costs	00400	Adjusted Salaries	52,202,682.	Salaries
00400	Sub Total Other Wages and Related Costs	00500	Paid Salary Hours	1,345,324.	Hours
00400	Sub Total Other Wages and Related Costs	00600	Average Hourly Amount	38.80	Average
00500	Sub Total Wage Related Costs	00200	Amount Reported	55,542,538.	Salaries

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

Line	Line Description	Col	Column Desc	Line Value	Type
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
3	Part 3 - Hospital Wage Index Summary				
00500	Sub Total Wage Related Costs	00400	Adjusted Salaries	55,542,538.	Salaries
00500	Sub Total Wage Related Costs	00600	Average Hourly Amount	38.12	Average
00600	Total (Sum of Lines 03 to 05)	00200	Amount Reported	253,406,336.	Salaries
00600	Total (Sum of Lines 03 to 05)	00300	Reclass. Salaries	45,918.	Salaries
00600	Total (Sum of Lines 03 to 05)	00400	Adjusted Salaries	253,452,254.	Salaries
00600	Total (Sum of Lines 03 to 05)	00500	Paid Salary Hours	5,788,787.80	Hours
00600	Total (Sum of Lines 03 to 05)	00600	Average Hourly Amount	43.78	Average
00700	Total Overhead Cost (See Instructions)	00200	Amount Reported	30,720,535.	Salaries
00700	Total Overhead Cost (See Instructions)	00300	Reclass. Salaries	6,101,976.	Salaries
00700	Total Overhead Cost (See Instructions)	00400	Adjusted Salaries	36,822,511.	Salaries
00700	Total Overhead Cost (See Instructions)	00500	Paid Salary Hours	1,272,037.	Hours
00700	Total Overhead Cost (See Instructions)	00600	Average Hourly Amount	28.95	Average
4	Part 4 - Core List				
00100	Retirement - 401K Employer Contributions	00100	Amount	5,688,171.	
00500	Plan Admin Cost - 401K TSA Plan Administration Fees	00100	Amount	310,271.	
00803		00100	Amount	25,662,798.	
01000	Dental, Hearing and Vision Plan	00100	Amount	232,712.	
01100	Life Insurance (If Employee Is Owner or Beneficiary)	00100	Amount	234,634.	
01300	Disability Insurance (If Employee Is Owner or Beneficiary)	00100	Amount	1,564,404.	
01500	Workers Compensation Insurance	00100	Amount	3,107,366.	
01700	FICA-Employers Portion Only	00100	Amount	9,539,458.	
01800	Medicare Texas - Employers Portion Only	00100	Amount	2,230,384.	
02000	State or Federal Unemployment Taxes	00100	Amount	145,428.	
02300	Tuition Reimbursement	00100	Amount	534,760.	
02400	Total Wage Related Cost (Sum lines 01-23)	00100	Amount	49,250,386.	
5	Part 3 - Contract Labor and Benefit Cost				
00100	Total Facility Contract Labor and Benefit Cost	00100	Contract Labor	7,928,726.	
00100	Total Facility Contract Labor and Benefit Cost	00200	Benefit Cost	49,250,385.	
00200	Hospital	00100	Contract Labor	7,902,701.	
00200	Hospital	00200	Benefit Cost	46,392,842.	
00300	Subprovider - IPF	00100	Contract Labor	26,025.	

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

S10 Wkst S-10 Hospital Uncompensated and Indigent Care Data					
00600	Medicaid Charges	00100	Amounts	46,474,952.	Charges
00700	Medicaid Cost (Line 01 Times Line 06)	00100	Amounts	14,602,616.	Cost
00800	Difference Between Net Revenue and Cost For Medicaid Program (Line 02 Plus Line 05 Minus Line 07)	00100	Amounts	6,678,558.	
01800	Government Grants, Appropriations or Transfers for Support of Hospital Operations	00100	Amounts	1,021,629.	
01900	Total Unreimbursed Cost From Medicaid, SCHIP, and State and Local Indigent Care Programs (Sum of Lines 08, 12 and 16)	00100	Amounts	6,678,558.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00100	Uninsured Patients	3,793,156.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00300	Total (Col 01 & 02)	3,793,156.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00100	Uninsured Patients	1,191,825.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00300	Total (Col 01 & 02)	1,191,825.	
02300	Cost of Charity Care (Line 21 Minus 22)	00100	Uninsured Patients	1,191,825.	
02300	Cost of Charity Care (Line 21 Minus 22)	00300	Total (Col 01 & 02)	1,191,825.	
02400	Does the Amount in Line 20, Col 2 Include Charges for Patient Days Beyond a Length of Stay Limit for Medicaid Patients	00100	Amounts		N
02600	Total Bad Debt Expense For the Entire Hospital Complex (See Instructions)	00100	Amounts	13,832,387.	
02700	Medicare Bad Debts For the Entire Hospital Complex (See Instructions)	00100	Amounts	36,625.	
02701		00100	Amounts	56,346.	
02800	Non-Medicare and Non-Reimbursable Bad Debt Expense (Line 26 Minus Line 27)	00100	Amounts	13,776,041.	
02900	Cost of Non-Medicare Bad Debt Expense (Line 01 Times Line 28)	00100	Amounts	4,348,208.	
03000	Cost of Non-Medicare Uncompensated Care (Line 23 Col 03 Plus Line 29)	00100	Amounts	5,540,033.	
03100	Total Unreimbursed and Uncompensated Care Cost (Line 19 Plus Line 30)	00100	Amounts	12,218,591.	

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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
00300	Hospital	00200	CCN Number	100130	
00300	Hospital	00300	CBSA Number	48424	
00300	Hospital	00400	Provider Type	1.	
00300	Hospital	00500	Date Certified	07/01/1966	
00300	Hospital	00600	Payment - Title 5	N	
00300	Hospital	00700	Payment - Medicare	P	
00300	Hospital	00800	Payment - Medicaid	P	
02000	Cost Reporting Period	00100	Rept Period - From	10/01/2018	Date
02000	Cost Reporting Period	00200	Rept Period - To	09/30/2019	Date
02100	Type of Control	00100	Provider Type	11	Code
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00100	Question	Y	Answer
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00200	Question	N	Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00100	Question	N	Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00200	Question	Y	Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00100	Question	N	Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00200	Question	N	Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00100	Question	N	Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00200	Question	N	Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00300	Question	N	Answer

CR Hospital Reference Report 2019

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

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

Line	Description	Col	Column Desc	Line Value	Type
S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
1	Part 1 - Complex Identification Data				
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00100	Question	2.	Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00200	Question	N	Answer
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00100	State Medicaid Paid	528.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00500	Medicaid HMO	2,334.	Days
02600	Geographic Classification - Enter you standard geographic classification status at the beginning of the CR period.	00100	Geographic Location	1.	Urban/Rur a
02700	Geographic Classification - Enter you standard geographic classification status at the end of the CR period.	00100	Geographic Location	1.	Urban/Rur a
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00100	Answer - Part 1	Y	Answer
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00200	Answer - Part 2	Y	Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00100	Discharges before 10-1	N	Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00200	Discharges after 10-1	N	Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00100	Title 5	N	Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00200	Medicare	N	Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00300	Medicaid	N	Answer

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

S20 Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00100	Title 5		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00200	Medicare		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00300	Medicaid		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00100	Title 5		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00200	Medicare		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00300	Medicaid		N Answer
04800	Is the facility electing full federal capital payment?	00100	Title 5		N Answer
04800	Is the facility electing full federal capital payment?	00200	Medicare		N Answer
04800	Is the facility electing full federal capital payment?	00300	Medicaid		N Answer
05600	Is this a teaching hospital involved in training residents in approved GME programs?	00100	Question		Y Answer
05600	Is this a teaching hospital involved in training residents in approved GME programs?	00200	CCN Number		N Answer
05700	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs are trained at thi	00100	Question		N Answer
05800	If line 56 is yes, did the facility elect cost reimbursement for physicians services as defined by CMS 15-1 section 2148?	00100	Question		N Answer
05900	Are costs claimed cost on Worksheet A line 100? If yes, complete D-2 Part 1	00100	Question		N Answer
06000	Are you claiming nursing school and allied health costs for a program that meets the provider criteria under 413.85?	00100	Question		N Answer
06100	Did your facility receive additional FTE slots uner ACA section 5503?	00100	Question		N Answer

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

S20 Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
06300	Has your facility trained residents in non-provider settings during the cost reporting period?	00100	Question		N Answer
07000	Is this facility an Inpatient Psychiatric Facility (IPF), or do you contain an IPF subprovider?	00100	Question		N Answer
07500	Is this facility an Inpatient Rehabilitation Facility (IRF) or do you contain an IRF subprovider?	00100	Question		N Answer
08000	Is this a Long Term Care Hospital?	00100	Question		N Answer
08100	Line missing from Documentation.	00100	Question		N Answer
08500	Is this a new hospital under 42 CFR 413.40 TEFRA?	00100	Question		N Answer
08700	Is this hospital a 'Subclause (II)' LTCH classified under 1886(d)(B)(iv)(II)?	00100	Question		N Answer
09000	Does this facility have title 5 and/or title 19 inpatient hospital services?	00100	Title 5		N Answer
09000	Does this facility have title 5 and/or title 19 inpatient hospital services?	00200	Medicaid		Y Answer
09100	Is this hospital reimbursed for title 5 and/or title 19 through the cost report either in full or part?	00100	Title 5		N Answer
09100	Is this hospital reimbursed for title 5 and/or title 19 through the cost report either in full or part?	00200	Medicaid		Y Answer
09200	Are Title 19 NF patients occupying Title 18 SNF beds (dual certification)?	00200	Medicaid		N Answer
09300	Does this facility operate an ICF/MR facility for purposes of Title 5 or 19?	00100	Title 5		N Answer
09300	Does this facility operate an ICF/MR facility for purposes of Title 5 or 19?	00200	Medicaid		N Answer
09400	Does title 5 or title 19 program reduce capital cost?	00100	Title 5		N Answer
09400	Does title 5 or title 19 program reduce capital cost?	00200	Medicaid		N Answer
09600	Does title 5 or title 19 reduce operating cost?	00100	Title 5		N Answer
09600	Does title 5 or title 19 reduce operating cost?	00200	Medicaid		N Answer
09800	Y	00100	Component Name		
09800		00200	CCN Number		Y
09801	Y	00100	Component Name		
09801		00200	CCN Number		Y

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

S20 Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data						
1 Part 1 - Complex Identification Data						
12500	Does this facility operate a transplant center? Yes or No and enter certification date.	00100	Question		N	Answer
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00100	Question		N	Answer
14400	Are provider based physicians cost included in Worksheet A?	00100	Question		Y	Answer
14500	If you are claiming cost for renal services on Worksheet A Line 74, are they cost for inpatient services only?	00100	Question		Y	Answer
14600	Has the cost allocation methodology changed from the previously filed cost report?	00100	Question		N	Answer
14700	Was there a change in the statistical basis?	00100	Question		N	Answer
14800	Was there a change in the order of allocation?	00100	Question		N	Answer
14900	Was the change to the simplified cost finding method?	00100	Question		N	Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00100	Medicare Part A		N	Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00200	Medicare Part B		N	Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00300	Title V		N	Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00400	Medicaid		N	Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N	Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N	Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N	Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N	Answer

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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

S20 Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00300	Title V		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00400	Medicaid		N Answer
16500	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs?	00100	Question		N Answer
16700	Is this provider a meaningful user under 1886 (n)?	00100	Question		Y Answer
16900	If this provider is a meaningful user (line 167 is yes) and not a CAH , enter the transition factor.	00100	Transition Factor	9.99	Factor
17100	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on	00100	Question		N Answer
2 Part 2 - Reimbursement Questionnaire					
00100	Has the provider changed ownership immediately prior to the beginning of the cost report period?	00100	Question		N
00200	Has the provider terminated participation in the Medicare Program?	00100	Question		N
00300	Is the provider involved in business transactions with individuals or entities that are related to the provider?	00100	Question		N Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00100	Question		Y Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00200	Type of Statements		A Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00300	Date Available	01/28/2020	Answer
00500	Are the cost report total expenses and total revenues different from those on filed financial statements?	00100	Question		N Answer
00600	Were cost claimed for nursing school?	00100	Question		N Answer
00700	Were cost claimed for allied health programs?	00100	Question		N Answer
00800	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	00100	Question		N Answer

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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
2	Part 2 - Reimbursement Questionnaire				
00900	Are cost claimed for Intern-Resident programs claimed on the current cost report?	00100	Question		Y Answer
01000	Was an Intern-Resident program initiated or renewed in the current cost reporting period?	00100	Question		N Answer
01100	Are GME cost directly assigned to cost centers other than I&R in an Approved Teaching Program on Worksheet A?	00100	Question		N Answer
01200	Is the provider seeking reimbursement for bad debts?	00100	Question		Y Answer
01300	If line 12 is yes, did the provider's bad debt collection policy change during the cost reporting period?	00100	Question		N Answer
01400	If line 12 is yes, are patient deductibles and/or co-payments waived?	00100	Question		N Answer
01500	Have total beds available changed from prior cost reporting period?	00100	Question		N Answer
01600	Was the cost report prepared using the PS&R only?	00100	Part A - Question		Y Answer
01600	Was the cost report prepared using the PS&R only?	00200	Part A - Date	01/29/2020	Answer
01600	Was the cost report prepared using the PS&R only?	00300	Part B - Question		Y Answer
01600	Was the cost report prepared using the PS&R only?	00400	Part B - Date	01/29/2020	Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00100	Part A - Question		N Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00300	Part B - Question		N Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additional claims that have been billed but not included on t	00100	Information		N Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additional claims that have been billed but not included on t	00300	Information		N Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00100	Information		N Answer

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

S20 Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data					
2 Part 2 - Reimbursement Questionnaire					
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00300	Information		N Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00100	Information		N Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00300	Information		N Answer
02100	Was the cost report prepared only using the provider's records?	00100	Information		N Answer
02100	Was the cost report prepared only using the provider's records?	00300	Information		N Answer
03600	Are home office cost claimed on the cost report?	00100	Question		N Answer
S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
1 Part 1 - Statistical Data					
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00100	Wkst Line No	30.	Line Code
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00200	Number of Beds	48.	Beds
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00300	Days Available	17,520.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00600	Medicare Inpatient Days	955.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00700	Medicaid Inpatient Days	329.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00800	Total Inpatient Days	4,285.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01300	Medicare Discharges	313.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01400	Medicaid Discharges	123.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01500	Total Discharges	1,451.	Discharges
00200	HMO and Other	00600	Medicare Inpatient Days	370.	Days
00200	HMO and Other	00700	Medicaid Inpatient Days	1,710.	Days
00200	HMO and Other	01300	Medicare Discharges	93.	Discharges
00200	HMO and Other	01400	Medicaid Discharges	627.	Discharges

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

S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
1 Part 1 - Statistical Data					
00700	Total Adults and Pediatrics (exclude observation beds)	00200	Number of Beds	48.	Beds
00700	Total Adults and Pediatrics (exclude observation beds)	00300	Days Available	17,520.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00600	Medicare Inpatient Days	955.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00700	Medicaid Inpatient Days	329.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00800	Total Inpatient Days	4,285.	Days
00800	Intensive Care Unit	00100	Wkst Line No	31.	Line Code
00800	Intensive Care Unit	00200	Number of Beds	6.	Beds
00800	Intensive Care Unit	00300	Days Available	2,190.	Days
00800	Intensive Care Unit	00600	Medicare Inpatient Days	266.	Days
00800	Intensive Care Unit	00700	Medicaid Inpatient Days	20.	Days
00800	Intensive Care Unit	00800	Total Inpatient Days	745.	Days
00900	Coronary Care Unit	00100	Wkst Line No	32.	Line Code
01000	Burn Intensive Care Unit	00100	Wkst Line No	33.	Line Code
01100	Surgical Intensive Care Unit	00100	Wkst Line No	34.	Line Code
01200	Other Special Care	00100	Wkst Line No	35.	Line Code
01300	Nursery	00100	Wkst Line No	43.	Line Code
01300	Nursery	00700	Medicaid Inpatient Days	246.	Days
01300	Nursery	00800	Total Inpatient Days	569.	Days
01400	Total (see instructions)	00200	Number of Beds	54.	Beds
01400	Total (see instructions)	00300	Days Available	19,710.	Days
01400	Total (see instructions)	00600	Medicare Inpatient Days	1,221.	Days
01400	Total (see instructions)	00700	Medicaid Inpatient Days	595.	Days
01400	Total (see instructions)	00800	Total Inpatient Days	5,599.	Days
01400	Total (see instructions)	00900	Total Interns & Resid.	15.55	Count
01400	Total (see instructions)	01000	Employees on Payroll	286.98	FTEs
01400	Total (see instructions)	01300	Medicare Discharges	313.	Discharges
01400	Total (see instructions)	01400	Medicaid Discharges	123.	Discharges
01400	Total (see instructions)	01500	Total Discharges	1,451.	Discharges
01600	Subprovider - IPF	00100	Wkst Line No	40.	Line Code

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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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
01700	Subprovider - IRF	00100	Wkst Line No	41.	Line Code
01800	Subprovider - Other	00100	Wkst Line No	42.	Line Code
01900	Skilled Nursing Facility	00100	Wkst Line No	44.	Line Code
02000	Nursing Facility	00100	Wkst Line No	45.	Line Code
02100	Other Long Term Care	00100	Wkst Line No	46.	Line Code
02200	Home Health Agency	00100	Wkst Line No	101.	Line Code
02300	Ambulatory Surgical Center - ASC (Distinct Part)	00100	Wkst Line No	115.	Line Code
02400	Hospice (Distinct Part)	00100	Wkst Line No	116.	Line Code
02410	Hospice (Non-Distinct Part)	00100	Wkst Line No	30.	Line Code
02500	Community Mental Health Clinic	00100	Wkst Line No	99.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	88.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	89.	Line Code
02700	Total (Sum Lines 14 to 26)	00200	Number of Beds	54.	Beds
02700	Total (Sum Lines 14 to 26)	00900	Total Interns & Resid.	15.55	Count
02700	Total (Sum Lines 14 to 26)	01000	Employees on Payroll	286.98	FTEs
02800	Observation Bed Days	00700	Medicaid Inpatient Days	193.	Days
02800	Observation Bed Days	00800	Total Inpatient Days	3,787.	Days
03200	Labor and Delivery Days	00200	Number of Beds	16.	Days
03200	Labor and Delivery Days	00300	Days Available	5,840.	Days
03200	Labor and Delivery Days	00800	Total Inpatient Days	1.	Days
2	Part 2 - Wage Data				
00100	Total Salaries	00100	Wkst A Line Number	200.	Line Code
00100	Total Salaries	00200	Amount Reported	18,923,105.	
00100	Total Salaries	00400	Adjusted Salaries	18,923,105.	Salaries
00100	Total Salaries	00500	Paid Salary Hours	629,263.	Hours
00100	Total Salaries	00600	Average Hourly Amount	30.07	Average
00700	Salaries - Interns and Residents	00100	Wkst A Line Number	21.	Line Code
00700	Salaries - Interns and Residents	00200	Amount Reported	782,598.	
00700	Salaries - Interns and Residents	00400	Adjusted Salaries	782,598.	Salaries
00700	Salaries - Interns and Residents	00500	Paid Salary Hours	32,347.	Hours
00700	Salaries - Interns and Residents	00600	Average Hourly Amount	24.19	Average

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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

S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
2 Part 2 - Wage Data					
00900	Salaries - Skilled Nursing Facility	00100	Wkst A Line Number	44.	Line Code
01000	Salaries - Excludes Area	00200	Amount Reported	28,295.	
01000	Salaries - Excludes Area	00400	Adjusted Salaries	28,295.	Salaries
01000	Salaries - Excludes Area	00500	Paid Salary Hours	1,561.	Hours
01000	Salaries - Excludes Area	00600	Average Hourly Amount	18.13	Average
01700	Wage Related Costs - Core	00200	Amount Reported	5,008,976.	
01700	Wage Related Costs - Core	00400	Adjusted Salaries	5,008,976.	Salaries
01900	Wage Related Costs - Excluded Areas	00200	Amount Reported	3,605.	
01900	Wage Related Costs - Excluded Areas	00400	Adjusted Salaries	3,605.	Salaries
02500	Wage Related Cost - Intern and Residents	00200	Amount Reported	216,247.	
02500	Wage Related Cost - Intern and Residents	00400	Adjusted Salaries	216,247.	Salaries
02600	Overhead Cost - Employee Benefits	00100	Wkst A Line Number	4.	Line Code
02700	Overhead Cost - Administrative & General	00100	Wkst A Line Number	5.	Line Code
02700	Overhead Cost - Administrative & General	00200	Amount Reported	1,776,690.	
02700	Overhead Cost - Administrative & General	00400	Adjusted Salaries	1,776,690.	Salaries
02700	Overhead Cost - Administrative & General	00500	Paid Salary Hours	82,222.	Hours
02700	Overhead Cost - Administrative & General	00600	Average Hourly Amount	21.61	Average
02900	Overhead Cost - Maintenance and Repairs	00100	Wkst A Line Number	6.	Line Code
03000	Overhead Cost - Operation of Plant	00100	Wkst A Line Number	7.	Line Code
03000	Overhead Cost - Operation of Plant	00200	Amount Reported	413,698.	
03000	Overhead Cost - Operation of Plant	00400	Adjusted Salaries	413,698.	Salaries
03000	Overhead Cost - Operation of Plant	00500	Paid Salary Hours	13,327.	Hours
03000	Overhead Cost - Operation of Plant	00600	Average Hourly Amount	31.04	Average
03100	Overhead Cost - Laundry and Linen Service	00100	Wkst A Line Number	8.	Line Code
03200	Overhead Cost - Housekeeping	00100	Wkst A Line Number	9.	Line Code
03200	Overhead Cost - Housekeeping	00200	Amount Reported	651,147.	
03200	Overhead Cost - Housekeeping	00400	Adjusted Salaries	651,147.	Salaries
03200	Overhead Cost - Housekeeping	00500	Paid Salary Hours	46,914.	Hours
03200	Overhead Cost - Housekeeping	00600	Average Hourly Amount	13.88	Average
03400	Overhead Cost - Dietary	00100	Wkst A Line Number	10.	Line Code
03600	Overhead Cost - Cafeteria	00100	Wkst A Line Number	11.	Line Code
03700	Overhead Cost - Maintenance of Personnel	00100	Wkst A Line Number	12.	Line Code
03800	Overhead Cost - Nursing Administration	00100	Wkst A Line Number	13.	Line Code

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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

S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
2 Part 2 - Wage Data					
03800	Overhead Cost - Nursing Admiistration	00200	Amount Reported	1,272,485.	
03800	Overhead Cost - Nursing Admiistration	00400	Adjusted Salaries	1,272,485.	Salaries
03800	Overhead Cost - Nursing Admiistration	00500	Paid Salary Hours	28,998.	Hours
03800	Overhead Cost - Nursing Admiistration	00600	Average Hourly Amount	43.88	Average
03900	Overhead Cost - Central Services and Supply	00100	Wkst A Line Number	14.	Line Code
04000	Overhead Cost - Pharmacy	00100	Wkst A Line Number	15.	Line Code
04100	Overhead Cost - Medical Records & Medical Records Library	00100	Wkst A Line Number	16.	Line Code
04100	Overhead Cost - Medical Records & Medical Records Library	00200	Amount Reported	412,774.	
04100	Overhead Cost - Medical Records & Medical Records Library	00400	Adjusted Salaries	412,774.	Salaries
04100	Overhead Cost - Medical Records & Medical Records Library	00500	Paid Salary Hours	18,923.	Hours
04100	Overhead Cost - Medical Records & Medical Records Library	00600	Average Hourly Amount	21.81	Average
04200	Overhead Cost - Social Service	00100	Wkst A Line Number	17.	Line Code
04300	Overhead Cost - Other General Services	00100	Wkst A Line Number	18.	Line Code
3 Part 3 - Hospital Wage Index Summary					
00100	Net Salaries	00200	Amount Reported	18,140,507.	Salaries
00100	Net Salaries	00400	Adjusted Salaries	18,140,507.	Salaries
00100	Net Salaries	00500	Paid Salary Hours	596,916.	Hours
00100	Net Salaries	00600	Average Hourly Amount	30.39	Average
00200	Excluded Area Salaries	00200	Amount Reported	28,295.	Salaries
00200	Excluded Area Salaries	00400	Adjusted Salaries	28,295.	Salaries
00200	Excluded Area Salaries	00500	Paid Salary Hours	1,561.	Hours
00200	Excluded Area Salaries	00600	Average Hourly Amount	18.13	Average
00300	Sub Total Salaries (Line 01 Minus 02)	00200	Amount Reported	18,112,212.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00400	Adjusted Salaries	18,112,212.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00500	Paid Salary Hours	595,355.	Hours
00300	Sub Total Salaries (Line 01 Minus 02)	00600	Average Hourly Amount	30.42	Average
00500	Sub Total Wage Related Costs	00200	Amount Reported	5,008,976.	Salaries
00500	Sub Total Wage Related Costs	00400	Adjusted Salaries	5,008,976.	Salaries
00500	Sub Total Wage Related Costs	00600	Average Hourly Amount	27.66	Average

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

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S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
3 Part 3 - Hospital Wage Index Summary					
00600	Total (Sum of Lines 03 to 05)	00200	Amount Reported	23,121,188.	Salaries
00600	Total (Sum of Lines 03 to 05)	00400	Adjusted Salaries	23,121,188.	Salaries
00600	Total (Sum of Lines 03 to 05)	00500	Paid Salary Hours	595,355.	Hours
00600	Total (Sum of Lines 03 to 05)	00600	Average Hourly Amount	38.84	Average
00700	Total Overhead Cost (See Instructions)	00200	Amount Reported	4,526,794.	Salaries
00700	Total Overhead Cost (See Instructions)	00400	Adjusted Salaries	4,526,794.	Salaries
00700	Total Overhead Cost (See Instructions)	00500	Paid Salary Hours	190,384.	Hours
00700	Total Overhead Cost (See Instructions)	00600	Average Hourly Amount	23.78	Average
4 Part 4 - Core List					
00100	Retirement - 401K Employer Contributions	00100	Amount	907,303.	
00803		00100	Amount	2,574,365.	
01000	Dental, Hearing and Vision Plan	00100	Amount	65,137.	
01500	Workers Compensation Insurance	00100	Amount	287,178.	
01700	FICA-Employers Portion Only	00100	Amount	1,394,846.	
02400	Total Wage Related Cost (Sum lines 01-23)	00100	Amount	5,228,829.	
5 Part 3 - Contract Labor and Benefit Cost					
00100	Total Facility Contract Labor and Benefit Cost	00200	Benefit Cost	5,228,829.	
00200	Hospital	00200	Benefit Cost	5,228,829.	

100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

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S00 Wkst S Hospital and Hospital Healthcare Complex Cost Report Certification and Settlement Summary					
1 Part 1 - Cost Report Status					
00100	Electronically Filed Cost Report?	00100	Information		X
00400	Medicare Utilization - F for 'Full' and L for 'Low'	00100	Information		F
00500	Cost Report Status (1-Submitted 2-Settled 3-Audited 4-Reopened 5-Amended)	00100	Information		1
00600	FI Received Date	00200	Information	12/03/2019	
00700	Fiscal Intermediary Number	00200	Information	09001	
00800	Initial Cost Report for this Provider CCN?	00200	Information		N
00900	Final Cost Report for this Provider CCN?	00200	Information		N
01100	Contractor Vendor Code	00300	Information		4

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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

S10 Wkst S-10 Hospital Uncompensated and Indigent Care Data					
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00200	Insured Patients	1,767,036.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00300	Total (Col 01 & 02)	15,373,175.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00100	Uninsured Patients	2,819,328.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00200	Insured Patients	1,767,036.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00300	Total (Col 01 & 02)	4,586,364.	
02200	Partial Payment by Patients Approved for Charity Care	00100	Uninsured Patients	38,420.	
02200	Partial Payment by Patients Approved for Charity Care	00200	Insured Patients	104,591.	
02200	Partial Payment by Patients Approved for Charity Care	00300	Total (Col 01 & 02)	143,011.	
02300	Cost of Charity Care (Line 21 Minus 22)	00100	Uninsured Patients	2,780,908.	
02300	Cost of Charity Care (Line 21 Minus 22)	00200	Insured Patients	1,662,445.	
02300	Cost of Charity Care (Line 21 Minus 22)	00300	Total (Col 01 & 02)	4,443,353.	
02400	Does the Amount in Line 20, Col 2 Include Charges for Patient Days Beyond a Length of Stay Limit for Medicaid Patients	00100	Amounts		N
02600	Total Bad Debt Expense For the Entire Hosptial Complex (See Instructions)	00100	Amounts	6,931,424.	
02700	Medicare Bad Debts For the Entire Hospital Complex (See Instructions)	00100	Amounts	794,248.	
02701		00100	Amounts	1,221,921.	
02800	Non-Medicare and Non-Reimbursable Bad Debt Expense (Line 26 Minus Line 27)	00100	Amounts	5,709,503.	
02900	Cost of Non-Medicare Bad Debt Expense (Line 01 Times Line 28)	00100	Amounts	1,610,739.	
03000	Cost of Non-Medicare Uncompensated Care (Line 23 Col 03 Plus Line 29)	00100	Amounts	6,054,092.	
03100	Total Unreimbrused and Uncompensated Care Cost (Line 19 Plus Line 30)	00100	Amounts	8,014,802.	
S20 Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
00300	Hospital	00200	CCN Number	100168	

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

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
1	Part 1 - Complex Identification Data				
00300	Hospital	00300	CBSA Number	48424	
00300	Hospital	00400	Provider Type	1.	
00300	Hospital	00500	Date Certified	01/01/1989	
00300	Hospital	00600	Payment - Title 5	N	
00300	Hospital	00700	Payment - Medicare	P	
00300	Hospital	00800	Payment - Medicaid	P	
01200	BOCA RATON HHA	00100	Component Name		
01200	Hospital Based HHA	00200	CCN Number	107289	
01200	Hospital Based HHA	00300	CBSA Number	48424	
01200	Hospital Based HHA	00500	Date Certified	02/19/1990	
01200	Hospital Based HHA	00600	Payment - Title 5	N	
01200	Hospital Based HHA	00700	Payment - Medicare	P	
01200	Hospital Based HHA	00800	Payment - Medicaid	N	
02000	Cost Reporting Period	00100	Rept Period - From	07/01/2018	Date
02000	Cost Reporting Period	00200	Rept Period - To	06/30/2019	Date
02100	Type of Control	00100	Provider Type	2	Code
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00100	Question	N	Answer
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00200	Question	N	Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00100	Question	N	Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00200	Question	N	Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00100	Question	N	Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00200	Question	N	Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00100	Question	N	Answer

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

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
1	Part 1 - Complex Identification Data				
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00200	Discharges after 10-1		Y Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00100	Title 5		N Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00200	Medicare		Y Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00300	Medicaid		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00100	Title 5		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00200	Medicare		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00300	Medicaid		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00100	Title 5		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00200	Medicare		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00300	Medicaid		N Answer
04800	Is the facility electing full federal capital payment?	00100	Title 5		N Answer
04800	Is the facility electing full federal capital payment?	00200	Medicare		N Answer
04800	Is the facility electing full federal capital payment?	00300	Medicaid		N Answer
05600	Is this a teaching hospital involved in training residents in approved GME programs?	00100	Question		Y Answer
05700	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs are trained at thi	00100	Question		N Answer

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

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

Line	Description	Col	Column Desc	Line Value	Type
S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
09300	Does this facility operate an ICF/MR facility for purposes of Title 5 or 19?	00200	Medicaid	N	Answer
09400	Does title 5 or title 19 program reduce capital cost?	00100	Title 5	N	Answer
09400	Does title 5 or title 19 program reduce capital cost?	00200	Medicaid	N	Answer
09600	Does title 5 or title 19 reduce operating cost?	00100	Title 5	N	Answer
09600	Does title 5 or title 19 reduce operating cost?	00200	Medicaid	N	Answer
09800	Y	00100	Component Name		
09800		00200	CCN Number	Y	
09801	Y	00100	Component Name		
09801		00200	CCN Number	Y	
09802	Y	00100	Component Name		
09802		00200	CCN Number	Y	
09803	N	00100	Component Name		
09803		00200	CCN Number	N	
09804	N	00100	Component Name		
09804		00200	CCN Number	N	
09805	Y	00100	Component Name		
09805		00200	CCN Number	Y	
09806	N	00100	Component Name		
09806		00200	CCN Number	N	
10500	Does this hospital qualify as a Critical Access Hospital(CAH)?	00100	Question	N	Answer
10800	Is this a rural hospital qualifying for an exception to the CRNA fee schedule?	00100	Question	N	Answer
11000	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reportin	00100	Question	N	Answer
11100	N	00100	Component Name		
11500	Is this an all inclusive rate provider?	00100	Question	N	Answer
11600	Are you classified as a referral center?	00100	Question	N	Answer
11700	Is this facility legally required to carry malpractice insurance?	00100	Malpractice Ins	N	Answer
11800	Is the malpractice insurance a claims-made or occurrence policy?	00100	Question	1.	Answer

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

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
11802	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General?	00100	Question		N Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00100	Question		N Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00200	Rural Hospital		N Answer
12100	Did this facility incur and report cost for the high cost implantable devices charged to patients?	00100	Question		Y Answer
12200	Does this cost report contain state health or similar taxes?	00100	Question		N Answer
12500	Does this facility operate a transplant center? Yes or No and enter certification date.	00100	Question		N Answer
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00100	Question		Y Answer
14400	Are provider based physicians cost included in Worksheet A?	00100	Question		Y Answer
14500	If you are claiming cost for renal services on Worksheet A Line 74, are they cost for inpatient services only?	00100	Question		Y Answer
14500	If you are claiming cost for renal services on Worksheet A Line 74, are they cost for inpatient services only?	00200	Question		N Answer
14600	Has the cost allocation methodology changed from the previously filed cost report?	00100	Question		N Answer
14700	Was there a change in the statistical basis?	00100	Question		N Answer
14800	Was there a change in the order of allocation?	00100	Question		N Answer
14900	Was the change to the simplified cost finding method?	00100	Question		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00100	Medicare Part A		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00200	Medicare Part B		N Answer

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

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S20 Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00300	Title V		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00400	Medicaid		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	CBSA Number		N Answer

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

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Provider Type		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	Title V		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Medicaid		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00200	Medicare Part B		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00300	Title V		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00400	Medicaid		N Answer
16500	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs?	00100	Question		N Answer
16700	Is this provider a meaningful user under 1886 (n)?	00100	Question		Y Answer
17000	Enter in columns 1 and 2, the EHR beginning date and ending date for the reporting period, respectively (mm/dd/yyyy)	00100	EHR Beginning	10/01/2018	Date
17000	Enter in columns 1 and 2, the EHR beginning date and ending date for the reporting period, respectively (mm/dd/yyyy)	00200	EHR Ending	12/31/2018	Date
17100	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on	00100	Question		N Answer

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Line 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
S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
2	Part 2 - Reimbursement Questionnaire				
00100	Has the provider changed ownership immediately prior to the beginning of the cost report period?	00100	Question	N	
00200	Has the provider terminated participation in the Medicare Program?	00100	Question	N	
00300	Is the provider involved in business transactions with individuals or entities that are related to the provider?	00100	Question	Y	Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00100	Question	Y	Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00200	Type of Statements	A	Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00300	Date Available	09/12/2019	Answer
00500	Are the cost report total expenses and total revenues different from those on filed financial statements?	00100	Question	N	Answer
00600	Were cost claimed for nursing school?	00100	Question	N	Answer
00700	Were cost claimed for allied health programs?	00100	Question	Y	Answer
00800	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	00100	Question	N	Answer
00900	Are cost claimed for Intern-Resident programs claimed on the current cost report?	00100	Question	Y	Answer
01000	Was an Intern-Resident program initiated or renewed in the current cost reporting period?	00100	Question	N	Answer
01100	Are GME cost directly assigned to cost centers other than I&R in an Approved Teaching Program on Worksheet A?	00100	Question	N	Answer
01200	Is the provider seeking reimbursement for bad debts?	00100	Question	Y	Answer
01300	If line 12 is yes, did the provider's bad debt collection policy change during the cost reporting period?	00100	Question	N	Answer
01400	If line 12 is yes, are patient deductibles and/or co-payments waived?	00100	Question	N	Answer
01500	Have total beds available changed from prior cost reporting period?	00100	Question	Y	Answer

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data					
2	Part 2 - Reimbursement Questionnaire					
01600	Was the cost report prepared using the PS&R only?	00100	Part A - Question		Y	Answer
01600	Was the cost report prepared using the PS&R only?	00200	Part A - Date	11/14/2019		Answer
01600	Was the cost report prepared using the PS&R only?	00300	Part B - Question		Y	Answer
01600	Was the cost report prepared using the PS&R only?	00400	Part B - Date	11/14/2019		Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00100	Part A - Question		N	Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00300	Part B - Question		N	Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additioanl claims that have been billed but not included on t	00100	Information		N	Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additioanl claims that have been billed but not included on t	00300	Information		N	Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00100	Information		N	Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00300	Information		N	Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00100	Information		N	Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00300	Information		N	Answer
02100	Was the cost report prepared only using the provider's records?	00100	Information		N	Answer
02100	Was the cost report prepared only using the provider's records?	00300	Information		N	Answer
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
1	Part 1 - Statistical Data					
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00100	Wkst Line No		30.	Line Code
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00200	Number of Beds		319.	Beds

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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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00300	Days Available	116,435.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00600	Medicare Inpatient Days	43,084.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00700	Medicaid Inpatient Days	555.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00800	Total Inpatient Days	74,500.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01300	Medicare Discharges	9,899.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01400	Medicaid Discharges	185.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01500	Total Discharges	19,708.	Discharges
00200	HMO and Other	00600	Medicare Inpatient Days	12,990.	Days
00200	HMO and Other	00700	Medicaid Inpatient Days	1,596.	Days
00200	HMO and Other	01300	Medicare Discharges	2,367.	Discharges
00200	HMO and Other	01400	Medicaid Discharges	367.	Discharges
00700	Total Adults and Pediatrics (exclude observation beds)	00200	Number of Beds	319.	Beds
00700	Total Adults and Pediatrics (exclude observation beds)	00300	Days Available	116,435.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00600	Medicare Inpatient Days	43,084.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00700	Medicaid Inpatient Days	555.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00800	Total Inpatient Days	74,500.	Days
00800	Intensive Care Unit	00100	Wkst Line No	31.	Line Code
00800	Intensive Care Unit	00200	Number of Beds	30.	Beds
00800	Intensive Care Unit	00300	Days Available	10,950.	Days
00800	Intensive Care Unit	00600	Medicare Inpatient Days	3,108.	Days
00800	Intensive Care Unit	00700	Medicaid Inpatient Days	15.	Days
00800	Intensive Care Unit	00800	Total Inpatient Days	7,344.	Days
00800	Intensive Care Unit	00100	Wkst Line No	31.01	Line Code
00800	Intensive Care Unit	00200	Number of Beds	10.	Beds

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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

S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
1 Part 1 - Statistical Data					
00800	Intensive Care Unit	00300	Days Available	3,650.	Days
00800	Intensive Care Unit	00700	Medicaid Inpatient Days	32.	Days
00800	Intensive Care Unit	00800	Total Inpatient Days	1,425.	Days
00900	Coronary Care Unit	00100	Wkst Line No	32.	Line Code
01000	Burn Intensive Care Unit	00100	Wkst Line No	33.	Line Code
01100	Surgical Intensive Care Unit	00100	Wkst Line No	34.	Line Code
01100	Surgical Intensive Care Unit	00200	Number of Beds	11.	Beds
01100	Surgical Intensive Care Unit	00300	Days Available	4,015.	Days
01100	Surgical Intensive Care Unit	00600	Medicare Inpatient Days	1,945.	Days
01100	Surgical Intensive Care Unit	00700	Medicaid Inpatient Days	42.	Days
01100	Surgical Intensive Care Unit	00800	Total Inpatient Days	2,282.	Days
01200	Other Special Care	00100	Wkst Line No	35.	Line Code
01300	Nursery	00100	Wkst Line No	43.	Line Code
01300	Nursery	00700	Medicaid Inpatient Days	97.	Days
01300	Nursery	00800	Total Inpatient Days	5,183.	Days
01400	Total (see instructions)	00200	Number of Beds	370.	Beds
01400	Total (see instructions)	00300	Days Available	135,050.	Days
01400	Total (see instructions)	00600	Medicare Inpatient Days	48,137.	Days
01400	Total (see instructions)	00700	Medicaid Inpatient Days	741.	Days
01400	Total (see instructions)	00800	Total Inpatient Days	90,734.	Days
01400	Total (see instructions)	00900	Total Interns & Resid.	64.64	Count
01400	Total (see instructions)	01000	Employees on Payroll	623.47	FTEs
01400	Total (see instructions)	01300	Medicare Discharges	9,899.	Discharges
01400	Total (see instructions)	01400	Medicaid Discharges	185.	Discharges
01400	Total (see instructions)	01500	Total Discharges	19,708.	Discharges
01600	Subprovider - IPF	00100	Wkst Line No	40.	Line Code
01700	Subprovider - IRF	00100	Wkst Line No	41.	Line Code
01800	Subprovider - Other	00100	Wkst Line No	42.	Line Code
01900	Skilled Nursing Facility	00100	Wkst Line No	44.	Line Code
02000	Nursing Facility	00100	Wkst Line No	45.	Line Code
02100	Other Long Term Care	00100	Wkst Line No	46.	Line Code
02200	Home Health Agency	00100	Wkst Line No	101.	Line Code
02200	Home Health Agency	00600	Medicare Inpatient Days	10,834.	Days

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

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

Line	Description	Col	Column Desc	Line Value	Type
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
02200	Home Health Agency	00800	Total Inpatient Days	12,453.	Days
02200	Home Health Agency	01000	Employees on Payroll	21.48	FTEs
02300	Ambulatory Surgical Center - ASC (Distinct Part)	00100	Wkst Line No	115.	Line Code
02400	Hospice (Distinct Part)	00100	Wkst Line No	116.	Line Code
02410	Hospice (Non-Distinct Part)	00100	Wkst Line No	30.	Line Code
02500	Community Mental Health Clinic	00100	Wkst Line No	99.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	88.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	89.	Line Code
02700	Total (Sum Lines 14 to 26)	00200	Number of Beds	370.	Beds
02700	Total (Sum Lines 14 to 26)	00900	Total Interns & Resid.	64.64	Count
02700	Total (Sum Lines 14 to 26)	01000	Employees on Payroll	644.95	FTEs
02800	Observation Bed Days	00700	Medicaid Inpatient Days	164.	Days
02800	Observation Bed Days	00800	Total Inpatient Days	15,420.	Days
03200	Labor and Delivery Days	00200	Number of Beds	12.	Days
03200	Labor and Delivery Days	00300	Days Available	4,380.	Days
03200	Labor and Delivery Days	00700	Medicaid Inpatient Days	29.	Days
03200	Labor and Delivery Days	00800	Total Inpatient Days	2,556.	Days
2	Part 2 - Wage Data				
00100	Total Salaries	00100	Wkst A Line Number	200.	Line Code
00100	Total Salaries	00200	Amount Reported	165,290,185.	
00100	Total Salaries	00400	Adjusted Salaries	165,290,185.	Salaries
00100	Total Salaries	00500	Paid Salary Hours	4,963,872.	Hours
00100	Total Salaries	00600	Average Hourly Amount	33.30	Average
00400	Salaries - Physician - Part A - Administrative	00200	Amount Reported	1,829,785.	
00400	Salaries - Physician - Part A - Administrative	00400	Adjusted Salaries	1,829,785.	Salaries
00400	Salaries - Physician - Part A - Administrative	00500	Paid Salary Hours	7,904.	Hours
00400	Salaries - Physician - Part A - Administrative	00600	Average Hourly Amount	231.50	Average
00500	Salaries - Physician - Part B	00200	Amount Reported	1,533,645.	
00500	Salaries - Physician - Part B	00400	Adjusted Salaries	1,533,645.	Salaries
00500	Salaries - Physician - Part B	00500	Paid Salary Hours	16,806.	Hours
00500	Salaries - Physician - Part B	00600	Average Hourly Amount	91.26	Average

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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

S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
2 Part 2 - Wage Data					
Line	Description	Col	Column Desc	Line Value	Type
00700	Salaries - Interns and Residents	00100	Wkst A Line Number	21.	Line Code
00700	Salaries - Interns and Residents	00200	Amount Reported	4,518,874.	00701
00700	Salaries - Interns and Residents	00400	Adjusted Salaries	4,518,874.	Salaries
00700	Salaries - Interns and Residents	00500	Paid Salary Hours	134,451.	Hours
00700	Salaries - Interns and Residents	00600	Average Hourly Amount	33.61	Average
00900	Salaries - Skilled Nursing Facility	00100	Wkst A Line Number	44.	Line Code
01000	Salaries - Excludes Area	00200	Amount Reported	3,881,346.	
01000	Salaries - Excludes Area	00300	Reclass. Salaries	197,148.	Adjustmen t
01000	Salaries - Excludes Area	00400	Adjusted Salaries	4,078,494.	Salaries
01000	Salaries - Excludes Area	00500	Paid Salary Hours	116,932.	Hours
01000	Salaries - Excludes Area	00600	Average Hourly Amount	34.88	Average
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00200	Amount Reported	7,598,918.	
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00400	Adjusted Salaries	7,598,918.	Salaries
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00500	Paid Salary Hours	185,624.	Hours
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00600	Average Hourly Amount	40.94	Average
01200	Other Wages & Cost - Contract Labor - Management and Admin Services	00200	Amount Reported	2,020,488.	
01200	Other Wages & Cost - Contract Labor - Management and Admin Services	00400	Adjusted Salaries	2,020,488.	Salaries
01200	Other Wages & Cost - Contract Labor - Management and Admin Services	00500	Paid Salary Hours	27,671.	Hours
01200	Other Wages & Cost - Contract Labor - Management and Admin Services	00600	Average Hourly Amount	73.02	Average
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00200	Amount Reported	323,894.	
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00400	Adjusted Salaries	323,894.	Salaries
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00500	Paid Salary Hours	2,378.	Hours
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00600	Average Hourly Amount	136.20	Average
01700	Wage Related Costs - Core	00200	Amount Reported	36,957,476.	

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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					

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
01700	Wage Related Costs - Core	00400	Adjusted Salaries	36,957,476.	Salaries
01900	Wage Related Costs - Excluded Areas	00200	Amount Reported	908,392.	
01900	Wage Related Costs - Excluded Areas	00400	Adjusted Salaries	908,392.	Salaries
02200	Wage Related Cost - Physician Part A - Administrative	00200	Amount Reported	182,416.	
02200	Wage Related Cost - Physician Part A - Administrative	00400	Adjusted Salaries	182,416.	Salaries
02300	Wage Related Cost - Physician Part B	00200	Amount Reported	236,142.	
02300	Wage Related Cost - Physician Part B	00400	Adjusted Salaries	236,142.	Salaries
02600	Overhead Cost - Employee Benefits	00100	Wkst A Line Number	4.	Line Code
02600	Overhead Cost - Employee Benefits	00200	Amount Reported	1,137,234.	
02600	Overhead Cost - Employee Benefits	00400	Adjusted Salaries	1,137,234.	Salaries
02600	Overhead Cost - Employee Benefits	00500	Paid Salary Hours	30,267.	Hours
02600	Overhead Cost - Employee Benefits	00600	Average Hourly Amount	37.57	Average
02700	Overhead Cost - Administrative & General	00100	Wkst A Line Number	5.	Line Code
02700	Overhead Cost - Administrative & General	00200	Amount Reported	29,006,583.	
02700	Overhead Cost - Administrative & General	00400	Adjusted Salaries	29,006,583.	Salaries
02700	Overhead Cost - Administrative & General	00500	Paid Salary Hours	712,168.	Hours
02700	Overhead Cost - Administrative & General	00600	Average Hourly Amount	40.73	Average
02800	Overhead Cost - Administrative & General Under Contract	00200	Amount Reported	6,207,640.	
02800	Overhead Cost - Administrative & General Under Contract	00400	Adjusted Salaries	6,207,640.	Salaries
02800	Overhead Cost - Administrative & General Under Contract	00500	Paid Salary Hours	102,496.	Hours
02800	Overhead Cost - Administrative & General Under Contract	00600	Average Hourly Amount	60.56	Average
02900	Overhead Cost - Maintenance and Repairs	00100	Wkst A Line Number	6.	Line Code
02900	Overhead Cost - Maintenance and Repairs	00200	Amount Reported	1,881,571.	
02900	Overhead Cost - Maintenance and Repairs	00400	Adjusted Salaries	1,881,571.	Salaries
02900	Overhead Cost - Maintenance and Repairs	00500	Paid Salary Hours	74,911.	Hours
02900	Overhead Cost - Maintenance and Repairs	00600	Average Hourly Amount	25.12	Average
03000	Overhead Cost - Operation of Plant	00100	Wkst A Line Number	7.	Line Code
03000	Overhead Cost - Operation of Plant	00200	Amount Reported	567,633.	
03000	Overhead Cost - Operation of Plant	00400	Adjusted Salaries	567,633.	Salaries

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

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

Line	Description	Col	Column Desc	Line Value	Type
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
03000	Overhead Cost - Operation of Plant	00500	Paid Salary Hours	15,589.	Hours
03000	Overhead Cost - Operation of Plant	00600	Average Hourly Amount	36.41	Average
03100	Overhead Cost - Laundry and Linen Service	00100	Wkst A Line Number	8.	Line Code
03100	Overhead Cost - Laundry and Linen Service	00200	Amount Reported	55,564.	
03100	Overhead Cost - Laundry and Linen Service	00400	Adjusted Salaries	55,564.	Salaries
03100	Overhead Cost - Laundry and Linen Service	00500	Paid Salary Hours	3,785.	Hours
03100	Overhead Cost - Laundry and Linen Service	00600	Average Hourly Amount	14.68	Average
03200	Overhead Cost - Housekeeping	00100	Wkst A Line Number	9.	Line Code
03200	Overhead Cost - Housekeeping	00200	Amount Reported	2,607,088.	
03200	Overhead Cost - Housekeeping	00400	Adjusted Salaries	2,607,088.	Salaries
03200	Overhead Cost - Housekeeping	00500	Paid Salary Hours	175,749.	Hours
03200	Overhead Cost - Housekeeping	00600	Average Hourly Amount	14.83	Average
03300	Overhead Cost - Housekeeping Under Contract	00200	Amount Reported	195,997.	
03300	Overhead Cost - Housekeeping Under Contract	00400	Adjusted Salaries	195,997.	Salaries
03300	Overhead Cost - Housekeeping Under Contract	00500	Paid Salary Hours	9,696.	Hours
03300	Overhead Cost - Housekeeping Under Contract	00600	Average Hourly Amount	20.21	Average
03400	Overhead Cost - Dietary	00100	Wkst A Line Number	10.	Line Code
03400	Overhead Cost - Dietary	00200	Amount Reported	2,856,095.	
03400	Overhead Cost - Dietary	00400	Adjusted Salaries	2,856,095.	Salaries
03400	Overhead Cost - Dietary	00500	Paid Salary Hours	180,240.	Hours
03400	Overhead Cost - Dietary	00600	Average Hourly Amount	15.85	Average
03500	Overhead Cost - Dietary Under Contract	00200	Amount Reported	862,266.	
03500	Overhead Cost - Dietary Under Contract	00400	Adjusted Salaries	862,266.	Salaries
03500	Overhead Cost - Dietary Under Contract	00500	Paid Salary Hours	19,334.	Hours
03500	Overhead Cost - Dietary Under Contract	00600	Average Hourly Amount	44.60	Average
03600	Overhead Cost - Cafeteria	00100	Wkst A Line Number	11.	Line Code
03700	Overhead Cost - Maintenance of Personnel	00100	Wkst A Line Number	12.	Line Code
03800	Overhead Cost - Nursing Administration	00100	Wkst A Line Number	13.	Line Code
03800	Overhead Cost - Nursing Administration	00200	Amount Reported	4,800,922.	
03800	Overhead Cost - Nursing Administration	00300	Reclass. Salaries	-496,460.	Adjustment
03800	Overhead Cost - Nursing Administration	00400	Adjusted Salaries	4,304,462.	Salaries
03800	Overhead Cost - Nursing Administration	00500	Paid Salary Hours	113,973.	Hours

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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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
03800	Overhead Cost - Nursing Admiistration	00600	Average Hourly Amount	37.77	Average
03900	Overhead Cost - Central Services and Supply	00100	Wkst A Line Number	14.	Line Code
03900	Overhead Cost - Central Services and Supply	00200	Amount Reported	870,552.	
03900	Overhead Cost - Central Services and Supply	00400	Adjusted Salaries	870,552.	Salaries
03900	Overhead Cost - Central Services and Supply	00500	Paid Salary Hours	38,556.	Hours
03900	Overhead Cost - Central Services and Supply	00600	Average Hourly Amount	22.58	Average
04000	Overhead Cost - Pharmacy	00100	Wkst A Line Number	15.	Line Code
04000	Overhead Cost - Pharmacy	00200	Amount Reported	4,522,219.	
04000	Overhead Cost - Pharmacy	00300	Reclass. Salaries	-197,148.	Adjustment
04000	Overhead Cost - Pharmacy	00400	Adjusted Salaries	4,325,071.	Salaries
04000	Overhead Cost - Pharmacy	00500	Paid Salary Hours	102,706.	Hours
04000	Overhead Cost - Pharmacy	00600	Average Hourly Amount	42.11	Average
04100	Overhead Cost - Medical Records & Medical Records Library	00100	Wkst A Line Number	16.	Line Code
04100	Overhead Cost - Medical Records & Medical Records Library	00200	Amount Reported	2,300,888.	
04100	Overhead Cost - Medical Records & Medical Records Library	00400	Adjusted Salaries	2,300,888.	Salaries
04100	Overhead Cost - Medical Records & Medical Records Library	00500	Paid Salary Hours	80,791.	Hours
04100	Overhead Cost - Medical Records & Medical Records Library	00600	Average Hourly Amount	28.48	Average
04200	Overhead Cost - Social Service	00100	Wkst A Line Number	17.	Line Code
04300	Overhead Cost - Other General Services	00100	Wkst A Line Number	18.	Line Code
3	Part 3 - Hospital Wage Index Summary				
00100	Net Salaries	00200	Amount Reported	166,503,569.	Salaries
00100	Net Salaries	00400	Adjusted Salaries	166,503,569.	Salaries
00100	Net Salaries	00500	Paid Salary Hours	4,944,141.	Hours
00100	Net Salaries	00600	Average Hourly Amount	33.68	Average
00200	Excluded Area Salaries	00200	Amount Reported	3,881,346.	Salaries
00200	Excluded Area Salaries	00300	Reclass. Salaries	197,148.	Salaries
00200	Excluded Area Salaries	00400	Adjusted Salaries	4,078,494.	Salaries
00200	Excluded Area Salaries	00500	Paid Salary Hours	116,932.	Hours
00200	Excluded Area Salaries	00600	Average Hourly Amount	34.88	Average

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

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

Line	Description	Col	Column Desc	Line Value	Type
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
3	Part 3 - Hospital Wage Index Summary				
00300	Sub Total Salaries (Line 01 Minus 02)	00200	Amount Reported	162,622,223.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00300	Reclass. Salaries	-197,148.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00400	Adjusted Salaries	162,425,075.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00500	Paid Salary Hours	4,827,209.	Hours
00300	Sub Total Salaries (Line 01 Minus 02)	00600	Average Hourly Amount	33.65	Average
00400	Sub Total Other Wages and Related Costs	00200	Amount Reported	9,943,300.	Salaries
00400	Sub Total Other Wages and Related Costs	00400	Adjusted Salaries	9,943,300.	Salaries
00400	Sub Total Other Wages and Related Costs	00500	Paid Salary Hours	215,673.	Hours
00400	Sub Total Other Wages and Related Costs	00600	Average Hourly Amount	46.10	Average
00500	Sub Total Wage Related Costs	00200	Amount Reported	37,139,892.	Salaries
00500	Sub Total Wage Related Costs	00400	Adjusted Salaries	37,139,892.	Salaries
00500	Sub Total Wage Related Costs	00600	Average Hourly Amount	22.87	Average
00600	Total (Sum of Lines 03 to 05)	00200	Amount Reported	209,705,415.	Salaries
00600	Total (Sum of Lines 03 to 05)	00300	Reclass. Salaries	-197,148.	Salaries
00600	Total (Sum of Lines 03 to 05)	00400	Adjusted Salaries	209,508,267.	Salaries
00600	Total (Sum of Lines 03 to 05)	00500	Paid Salary Hours	5,042,882.	Hours
00600	Total (Sum of Lines 03 to 05)	00600	Average Hourly Amount	41.55	Average
00700	Total Overhead Cost (See Instructions)	00200	Amount Reported	57,872,252.	Salaries
00700	Total Overhead Cost (See Instructions)	00300	Reclass. Salaries	-693,608.	Salaries
00700	Total Overhead Cost (See Instructions)	00400	Adjusted Salaries	57,178,644.	Salaries
00700	Total Overhead Cost (See Instructions)	00500	Paid Salary Hours	1,660,261.	Hours
00700	Total Overhead Cost (See Instructions)	00600	Average Hourly Amount	34.44	Average
4	Part 4 - Core List				
00100	Retirement - 401K Employer Contributions	00100	Amount	2,210,257.	
00400	Retirement - Qualified Defined Benefit Plan Cost	00100	Amount	5,327,486.	
00802		00100	Amount	13,061,273.	
00900	Prescription Drug Plan	00100	Amount	3,697,017.	
01000	Dental, Hearing and Vision Plan	00100	Amount	83,962.	
01100	Life Insurance (If Employee Is Owner or Beneficiary)	00100	Amount	44,280.	
01300	Disability Insurance (If Employee Is Owner or Beneficiary)	00100	Amount	660,868.	
01500	Workers Compensation Insurance	00100	Amount	998,559.	

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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
4	Part 4 - Core List				
01700	FICA-Employers Portion Only	00100	Amount	11,455,787.	
01900	Unemployment Insurance	00100	Amount	58,825.	
02100	Executive Deferred Compensation	00100	Amount	370,899.	
02300	Tuition Reimbursement	00100	Amount	315,213.	
02400	Total Wage Related Cost (Sum lines 01-23)	00100	Amount	38,284,426.	
5	Part 3 - Contract Labor and Benefit Cost				
00100	Total Facility Contract Labor and Benefit Cost	00100	Contract Labor	7,598,918.	
00100	Total Facility Contract Labor and Benefit Cost	00200	Benefit Cost	38,284,426.	
00200	Hospital	00100	Contract Labor	7,598,918.	
00200	Hospital	00200	Benefit Cost	36,957,476.	
01100	Hospital-Based - HHA	00200	Benefit Cost	264,525.	
01800	Other	00200	Benefit Cost	1,062,425.	
S41	Wkst S-4 Hospital-Based Home Health Agency Statistical Data				
00000	Information	00100	Episodes - No Outliers	PALM BEACH	Episodes
00100	Home Health Aide Hours	00200	Episodes - Outliers	1,710.00	Hours
00100	Home Health Aide Hours	00400	PEP only Episodes	303.00	Hours
00100	Home Health Aide Hours	00500	Total Episodes (Col 01 to	2,013.00	Hours
00200	Unduplicated Census Count (See Instructions)	00200	Episodes - Outliers	533.	Census
00200	Unduplicated Census Count (See Instructions)	00400	PEP only Episodes	167.	Census
00200	Unduplicated Census Count (See Instructions)	00500	Total Episodes (Col 01 to	700.	Census
00300	Administrator and Assistant Administrators	00000	Description	40.00	FTEs
00400	Directors and Assistant Directors	00100	Episodes - No Outliers	1.48	FTEs
00400	Directors and Assistant Directors	00300	LUPA Episodes	1.48	FTEs
00500	Other Administrative Personnel	00100	Episodes - No Outliers	6.68	FTEs
00500	Other Administrative Personnel	00300	LUPA Episodes	6.68	FTEs
00600	Direct Nursing Services	00100	Episodes - No Outliers	8.72	FTEs
00600	Direct Nursing Services	00300	LUPA Episodes	8.72	FTEs
00800	Physical Therapy Service	00100	Episodes - No Outliers	3.07	FTEs
00800	Physical Therapy Service	00300	LUPA Episodes	3.07	FTEs
00900	Physical Therapy Supervisors	00100	Episodes - No Outliers	0.10	FTEs
00900	Physical Therapy Supervisors	00300	LUPA Episodes	0.10	FTEs

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100168	BOCA RATON REGIONAL HOSPITAL	BOCA RATON, FL	33486		

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S41	Wkst S-4 Hospital-Based Home Health Agency Statistical Data				
01000	Occupational Therapy Service	00100	Episodes - No Outliers	0.34	FTEs
01000	Occupational Therapy Service	00300	LUPA Episodes	0.34	FTEs
01200	Speech Pathlogy Service	00100	Episodes - No Outliers	0.10	FTEs
01200	Speech Pathlogy Service	00300	LUPA Episodes	0.10	FTEs
01400	Medical Social Service	00100	Episodes - No Outliers	0.01	FTEs
01400	Medical Social Service	00300	LUPA Episodes	0.01	FTEs
01600	Home Health Aides	00100	Episodes - No Outliers	0.97	FTEs
01600	Home Health Aides	00300	LUPA Episodes	0.97	FTEs
01900	Home many CBSA did you provide services to during this cost reporting period	00100	Episodes - No Outliers	1.	Count
02000	List of CBSAs	00100	Episodes - No Outliers	48424	MSAs
02100	Skilled Nursing Visits	00100	Episodes - No Outliers	3,486.	Visits
02100	Skilled Nursing Visits	00200	Episodes - Outliers	1,624.	Visits
02100	Skilled Nursing Visits	00300	LUPA Episodes	70.	Visits
02100	Skilled Nursing Visits	00400	PEP only Episodes	299.	Visits
02100	Skilled Nursing Visits	00500	Total Episodes (Col 01 to	5,479.	Visits
02200	Skilled Nursing Visit Charges	00100	Episodes - No Outliers	881,958.	Charges
02200	Skilled Nursing Visit Charges	00200	Episodes - Outliers	410,872.	Charges
02200	Skilled Nursing Visit Charges	00300	LUPA Episodes	17,710.	Charges
02200	Skilled Nursing Visit Charges	00400	PEP only Episodes	75,647.	Charges
02200	Skilled Nursing Visit Charges	00500	Total Episodes (Col 01 to	1,386,187.	Charges
02300	Physical Therapy Visits	00100	Episodes - No Outliers	3,427.	Visits
02300	Physical Therapy Visits	00200	Episodes - Outliers	334.	Visits
02300	Physical Therapy Visits	00300	LUPA Episodes	15.	Visits
02300	Physical Therapy Visits	00400	PEP only Episodes	253.	Visits
02300	Physical Therapy Visits	00500	Total Episodes (Col 01 to	4,029.	Visits
02400	Physical Therapy Visit Charges	00100	Episodes - No Outliers	835,747.	Charges
02400	Physical Therapy Visit Charges	00200	Episodes - Outliers	81,401.	Charges
02400	Physical Therapy Visit Charges	00300	LUPA Episodes	3,663.	Charges
02400	Physical Therapy Visit Charges	00400	PEP only Episodes	61,670.	Charges
02400	Physical Therapy Visit Charges	00500	Total Episodes (Col 01 to	982,481.	Charges
02500	Occupational Therapy Visits	00100	Episodes - No Outliers	534.	Visits

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

S41	Wkst S-4 Hospital-Based Home Health Agency Statistical Data				
02500	Occupational Therapy Visits	00200	Episodes - Outliers	95.	Visits
02500	Occupational Therapy Visits	00300	LUPA Episodes	4.	Visits
02500	Occupational Therapy Visits	00400	PEP only Episodes	67.	Visits
02500	Occupational Therapy Visits	00500	Total Episodes (Col 01 to	700.	Visits
02600	Occupational Therapy Visit Charges	00100	Episodes - No Outliers	129,414.	Charges
02600	Occupational Therapy Visit Charges	00200	Episodes - Outliers	22,999.	Charges
02600	Occupational Therapy Visit Charges	00300	LUPA Episodes	980.	Charges
02600	Occupational Therapy Visit Charges	00400	PEP only Episodes	16,238.	Charges
02600	Occupational Therapy Visit Charges	00500	Total Episodes (Col 01 to	169,631.	Charges
02700	Speech Pathlogy Visits	00100	Episodes - No Outliers	113.	Visits
02700	Speech Pathlogy Visits	00200	Episodes - Outliers	40.	Visits
02700	Speech Pathlogy Visits	00400	PEP only Episodes	10.	Visits
02700	Speech Pathlogy Visits	00500	Total Episodes (Col 01 to	163.	Visits
02800	Speech Pathlogy Visit Charges	00100	Episodes - No Outliers	27,463.	Charges
02800	Speech Pathlogy Visit Charges	00200	Episodes - Outliers	9,794.	Charges
02800	Speech Pathlogy Visit Charges	00400	PEP only Episodes	2,423.	Charges
02800	Speech Pathlogy Visit Charges	00500	Total Episodes (Col 01 to	39,680.	Charges
02900	Medical Social Service Visits	00100	Episodes - No Outliers	6.	Visits
02900	Medical Social Service Visits	00200	Episodes - Outliers	3.	Visits
02900	Medical Social Service Visits	00400	PEP only Episodes	2.	Visits
02900	Medical Social Service Visits	00500	Total Episodes (Col 01 to	11.	Visits
03000	Medical Social Service Visit Charges	00100	Episodes - No Outliers	1,782.	Charges
03000	Medical Social Service Visit Charges	00200	Episodes - Outliers	891.	Charges
03000	Medical Social Service Visit Charges	00400	PEP only Episodes	594.	Charges
03000	Medical Social Service Visit Charges	00500	Total Episodes (Col 01 to	3,267.	Charges
03100	Home Health Aide Visits	00100	Episodes - No Outliers	346.	Visits
03100	Home Health Aide Visits	00200	Episodes - Outliers	68.	Visits
03100	Home Health Aide Visits	00300	LUPA Episodes	1.	Visits
03100	Home Health Aide Visits	00400	PEP only Episodes	37.	Visits

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S41 Wkst S-4 Hospital-Based Home Health Agency Statistical Data					
03100	Home Health Aide Visits	00500	Total Episodes (Col 01 to	452.	Visits
03200	Home Health Aide Visit Charges	00100	Episodes - No Outliers	57,090.	Charges
03200	Home Health Aide Visit Charges	00200	Episodes - Outliers	11,220.	Charges
03200	Home Health Aide Visit Charges	00300	LUPA Episodes	165.	Charges
03200	Home Health Aide Visit Charges	00400	PEP only Episodes	6,105.	Charges
03200	Home Health Aide Visit Charges	00500	Total Episodes (Col 01 to	74,580.	Charges
03300	Total Visits (Lines 21,23,25,27,29 and 31)	00100	Episodes - No Outliers	7,912.	Charges
03300	Total Visits (Lines 21,23,25,27,29 and 31)	00200	Episodes - Outliers	2,164.	Charges
03300	Total Visits (Lines 21,23,25,27,29 and 31)	00300	LUPA Episodes	90.	Charges
03300	Total Visits (Lines 21,23,25,27,29 and 31)	00400	PEP only Episodes	668.	Charges
03300	Total Visits (Lines 21,23,25,27,29 and 31)	00500	Total Episodes (Col 01 to	10,834.	Charges
03500	Total Charges (Line 22,24,26,28,30,32 and 34)	00100	Episodes - No Outliers	1,933,454.	Charges
03500	Total Charges (Line 22,24,26,28,30,32 and 34)	00200	Episodes - Outliers	537,177.	Charges
03500	Total Charges (Line 22,24,26,28,30,32 and 34)	00300	LUPA Episodes	22,518.	Charges
03500	Total Charges (Line 22,24,26,28,30,32 and 34)	00400	PEP only Episodes	162,677.	Charges
03500	Total Charges (Line 22,24,26,28,30,32 and 34)	00500	Total Episodes (Col 01 to	2,655,826.	Charges
03600	Worksheet S-4 Total Number of Episodes	00100	Episodes - No Outliers	522.	Episodes
03600	Worksheet S-4 Total Number of Episodes	00300	LUPA Episodes	31.	Episodes
03600	Worksheet S-4 Total Number of Episodes	00400	PEP only Episodes	40.	Episodes
03600	Worksheet S-4 Total Number of Episodes	00500	Total Episodes (Col 01 to	593.	Episodes
03700	Worksheet S-4 Total Number of Outlier Episodes	00200	Episodes - Outliers	58.	Episodes
03700	Worksheet S-4 Total Number of Outlier Episodes	00400	PEP only Episodes	11.	Episodes
03700	Worksheet S-4 Total Number of Outlier Episodes	00500	Total Episodes (Col 01 to	69.	Episodes
03800	Worksheet S-4 Total Non-Routine Medical Supply Charges	00100	Episodes - No Outliers	77,462.	Charges
03800	Worksheet S-4 Total Non-Routine Medical Supply Charges	00200	Episodes - Outliers	116,628.	Charges
03800	Worksheet S-4 Total Non-Routine Medical Supply Charges	00300	LUPA Episodes	133.	Charges

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S41	Wkst S-4 Hospital-Based Home Health Agency Statistical Data				
03800	Worksheet S-4 Total Non-Routine Medical Supply Charges	00400	PEP only Episodes	14,569.	Charges
03800	Worksheet S-4 Total Non-Routine Medical Supply Charges	00500	Total Episodes (Col 01 to	208,792.	Charges

100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

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

S00	Wkst S Hospital and Hospital Healthcare Complex Cost Report Certification and Settlement Summary				
1	Part 1 - Cost Report Status				
00100	Electronically Filed Cost Report?	00100	Information		X
00400	Medicare Utilization - F for 'Full' and L for 'Low'	00100	Information		F
00500	Cost Report Status (1-Submitted 2-Settled 3-Audited 4-Reopened 5-Amended)	00100	Information		1
00600	FI Received Date	00200	Information	03/03/2020	
00700	Fiscal Intermediary Number	00200	Information	09001	
00800	Initial Cost Report for this Provider CCN?	00200	Information		N
00900	Final Cost Report for this Provider CCN?	00200	Information		N
01100	Contractor Vendor Code	00300	Information		4
3	Part 3 - Settlement Summary				
00100	Hospital	00200	Medicare - Part A	625,356.	
00100	Hospital	00300	Medicare - Part B	148,780.	
20000	Total Settlement Summary	00200	Medicare - Part A	625,356.	
20000	Total Settlement Summary	00300	Medicare - Part B	148,780.	
S10	Wkst S-10 Hospital Uncompensated and Indigent Care Data				
00100	Cost to Charge Ratio (Worksheet C Part 1 Line 200 Col 3 Divided by Line 200 Col 8)	00100	Amounts	0.229968	CC Ratio
00200	Net Revenue From Medicaid	00100	Amounts	934,313.	
00300	Did you receive DSH or supplemental payment from Medicaid?	00100	Question		N Answer
00600	Medicaid Charges	00100	Amounts	7,390,538.	Charges
00700	Medicaid Cost (Line 01 Times Line 06)	00100	Amounts	1,699,587.	Cost
00800	Difference Between Net Revenue and Cost For Medicaid Program (Line 02 Plus Line 05 Minus Line 07)	00100	Amounts	765,274.	
00900	Net Revenue From Stand-Alone SCHIP	00100	Amounts	2,706.	

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Line 100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

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S10	Wkst S-10 Hospital Uncompensated and Indigent Care Data				
01000	Stand-Alone SCHIP Charges	00100	Amounts	28,463.	Charges
01100	Stand-Alone SCHIP Cost (Line 01 Times Line 10)	00100	Amounts	6,546.	
01200	Difference Between Net Revenue and Cost For Stand-Alone SCHIP (Line 09 Minus Line 11)	00100	Amounts	3,840.	
01300	Net Revenue From State or Local Indigent Care Program (Not Included on Lines 02, 05 or 09)	00100	Amounts	5,485.	
01400	Charges from Patient Covered Under State or Local Indigent Care Program (Not Included in Lines 06 or 10)	00100	Amounts	122,012.	Charges
01500	State or Local Indigent Care Program Cost (Line 01 Times Line 14)	00100	Amounts	28,059.	
01600	Difference Between Net Revenue and Costs for State or Local Indigent Care Program (Line 13 Minus Line 15)	00100	Amounts	22,574.	
01900	Total Unreimbursed Cost From Medicaid, SCHIP, and State and Local Indigent Care Programs (Sum of Lines 08, 12 and 16)	00100	Amounts	791,688.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00100	Uninsured Patients	3,831,892.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00200	Insured Patients	219,340.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00300	Total (Col 01 & 02)	4,051,232.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00100	Uninsured Patients	881,213.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00200	Insured Patients	219,340.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00300	Total (Col 01 & 02)	1,100,553.	
02200	Partial Payment by Patients Approved for Charity Care	00100	Uninsured Patients	5,231.	
02200	Partial Payment by Patients Approved for Charity Care	00200	Insured Patients	10,685.	
02200	Partial Payment by Patients Approved for Charity Care	00300	Total (Col 01 & 02)	15,916.	
02300	Cost of Charity Care (Line 21 Minus 22)	00100	Uninsured Patients	875,982.	
02300	Cost of Charity Care (Line 21 Minus 22)	00200	Insured Patients	208,655.	
02300	Cost of Charity Care (Line 21 Minus 22)	00300	Total (Col 01 & 02)	1,084,637.	

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100168	BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486				

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

S10 Wkst S-10 Hospital Uncompensated and Indigent Care Data					
02400	Does the Amount in Line 20, Col 2 Include Charges for Patient Days Beyond a Length of Stay Limit for Medicaid Patients	00100	Amounts		N
02600	Total Bad Debt Expense For the Entire Hospital Complex (See Instructions)	00100	Amounts	3,414,396.	
02700	Medicare Bad Debts For the Entire Hospital Complex (See Instructions)	00100	Amounts	184,299.	
02701		00100	Amounts	283,537.	
02800	Non-Medicare and Non-Reimbursable Bad Debt Expense (Line 26 Minus Line 27)	00100	Amounts	3,130,859.	
02900	Cost of Non-Medicare Bad Debt Expense (Line 01 Times Line 28)	00100	Amounts	819,235.	
03000	Cost of Non-Medicare Uncompensated Care (Line 23 Col 03 Plus Line 29)	00100	Amounts	1,903,872.	
03100	Total Unreimbursed and Uncompensated Care Cost (Line 19 Plus Line 30)	00100	Amounts	2,695,560.	
S20 Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
00300	Hospital	00200	CCN Number	100168	
00300	Hospital	00300	CBSA Number	48424	
00300	Hospital	00400	Provider Type	1.	
00300	Hospital	00500	Date Certified	01/01/1989	
00300	Hospital	00600	Payment - Title 5	N	
00300	Hospital	00700	Payment - Medicare	P	
00300	Hospital	00800	Payment - Medicaid	P	
01200	BOCA RATON HHA	00100	Component Name		
01200	Hospital Based HHA	00200	CCN Number	107289	
01200	Hospital Based HHA	00300	CBSA Number	48424	
01200	Hospital Based HHA	00500	Date Certified	02/19/1990	
01200	Hospital Based HHA	00600	Payment - Title 5	N	
01200	Hospital Based HHA	00700	Payment - Medicare	P	
01200	Hospital Based HHA	00800	Payment - Medicaid	N	
02000	Cost Reporting Period	00100	Rept Period - From	07/01/2019	Date
02000	Cost Reporting Period	00200	Rept Period - To	09/30/2019	Date
02100	Type of Control	00100	Provider Type		2 Code

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Line	Description	Col	Column Desc	Line Value	Type
S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
02200	Does your facility qualify for and receive payment for disproportionalte share hospital payment in accordance with 42 CRF 412	00100	Question		N Answer
02200	Does your facility qualify for and receive payment for disproportionalte share hospital payment in accordance with 42 CRF 412	00200	Question		N Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00100	Question		N Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00200	Question		N Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00100	Question		N Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00200	Question		N Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00100	Question		N Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00200	Question		N Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00300	Question		N Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00100	Question		3. Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00200	Question		N Answer
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00100	State Medicaid Paid	279.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00200	State Medicaid Elig	1.	Days

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

S20 Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00500	Medicaid HMO	433.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00600	Other Medicaid	5.	Days
02600	Geographic Classification - Enter you standard geographic classification status at the beginning of the CR period.	00100	Geographic Location	1.	Urban/Rur a
02700	Geographic Classification - Enter you standard geographic classification status at the end of the CR period.	00100	Geographic Location	1.	Urban/Rur a
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00100	Answer - Part 1	N	Answer
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00200	Answer - Part 2	N	Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00100	Discharges before 10-1	Y	Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00200	Discharges after 10-1	Y	Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00100	Title 5	N	Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00200	Medicare	Y	Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00300	Medicaid	N	Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00100	Title 5	N	Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00200	Medicare	N	Answer

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

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S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00300	Medicaid		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00100	Title 5		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00200	Medicare		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00300	Medicaid		N Answer
04800	Is the facility electing full federal capital payment?	00100	Title 5		N Answer
04800	Is the facility electing full federal capital payment?	00200	Medicare		N Answer
04800	Is the facility electing full federal capital payment?	00300	Medicaid		N Answer
05600	Is this a teaching hospital involved in training residents in approved GME programs?	00100	Question		Y Answer
05700	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs are trained at thi	00100	Question		N Answer
05800	If line 56 is yes, did the facility elect cost reimbursement for physicians services as defined by CMS 15-1 section 2148?	00100	Question		N Answer
05900	Are costs claimed cost on Worksheet A line 100? If yes, complete D-2 Part 1	00100	Question		N Answer
06000	Are you claiming nursing school and allied health costs for a program that meets the provider criteria under 413.85?	00100	Question		Y Answer
06001		00200	CCN Number	23.	
06001		00300	CBSA Number	1	
06100	Did your facility receive additional FTE slots uner ACA section 5503?	00100	Question		N Answer
06300	Has your facility trained residents in non-provider settings during the cost reporting period?	00100	Question		N Answer
07000	Is this facility an Inpatient Psychiatric Facility (IPF), or do you contain an IPF subprovider?	00100	Question		N Answer
07500	Is this facility an Inpatient Rehabilitation Facility (IRF) or do you contain an IRF subprovider?	00100	Question		N Answer

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
09805	Y	00100	Component Name		
09805		00200	CCN Number		Y
09806	N	00100	Component Name		
09806		00200	CCN Number		N
10500	Does this hospital qualify as a Critical Access Hospital(CAH)?	00100	Question		N Answer
10800	Is this a rural hospital qualifying for an exception to the CRNA fee schedule?	00100	Question		N Answer
11000	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reportin	00100	Question		N Answer
11100	N	00100	Component Name		
11500	Is this an all inclusive rate provider?	00100	Question		N Answer
11600	Are you classified as a referral center?	00100	Question		N Answer
11700	Is this facility legally required to carry malpractice insurance?	00100	Malpractice Ins		N Answer
11800	Is the malpractice insurance a claims-made or occurrence policy?	00100	Question		1. Answer
11802	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General?	00100	Question		N Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00100	Question		N Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00200	Rural Hospital		N Answer
12100	Did this facility incur and report cost for the high cost implantable devices charged to patients?	00100	Question		Y Answer
12200	Does this cost report contain state health or similar taxes?	00100	Question		N Answer
12500	Does this facility operate a transplant center? Yes or No and enter certification date.	00100	Question		N Answer
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00100	Question		Y Answer
14100	BAPTIST HEALTH SOUTH FLORIDA	00100	Chain Organization		
14100	FIRST COAST SERVICE OPTIONS	00200	Chain Organization		

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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
S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
14100	09001	00300	Chain Organization		
14200	6855 RED ROAD	00100	Chain Organization		
14300	CORAL GABLES	00100	Chain Organization		
14300	FL	00200	Chain Organization		
14300	33143-3632	00300	Chain Organization		
14400	Are provider based physicians cost included in Worksheet A?	00100	Question		Y Answer
14500	If you are claiming cost for renal services on Worksheet A Line 74, are they cost for inpatient services only?	00100	Question		Y Answer
14500	If you are claiming cost for renal services on Worksheet A Line 74, are they cost for inpatient services only?	00200	Question		N Answer
14600	Has the cost allocation methodology changed from the previously filed cost report?	00100	Question		N Answer
14700	Was there a change in the statistical basis?	00100	Question		N Answer
14800	Was there a change in the order of allocation?	00100	Question		N Answer
14900	Was the change to the simplified cost finding method?	00100	Question		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00100	Medicare Part A		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00200	Medicare Part B		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00300	Title V		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00400	Medicaid		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer

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

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	CBSA Number		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Provider Type		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	Title V		N Answer

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
1	Part 1 - Complex Identification Data				
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Medicaid		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00200	Medicare Part B		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00300	Title V		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00400	Medicaid		N Answer
16500	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs?	00100	Question		N Answer
16700	Is this provider a meaningful user under 1886 (n)?	00100	Question		Y Answer
17100	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on	00100	Question		N Answer
2	Part 2 - Reimbursement Questionnaire				
00100	Has the provider changed ownership immediately prior to the beginning of the cost report period?	00100	Question		Y
00100	Has the provider changed ownership immediately prior to the beginning of the cost report period?	00200	Change Date	07/01/2019	
00200	Has the provider terminated participation in the Medicare Program?	00100	Question		N
00300	Is the provider involved in business transactions with individuals or entities that are related to the provider?	00100	Question		Y Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00100	Question		Y Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00200	Type of Statements		A Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00300	Date Available	12/19/2019	Answer

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100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
2	Part 2 - Reimbursement Questionnaire				
00500	Are the cost report total expenses and total revenues different from those on filed financial statements?	00100	Question		N Answer
00600	Were cost claimed for nursing school?	00100	Question		N Answer
00700	Were cost claimed for allied health programs?	00100	Question		Y Answer
00800	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	00100	Question		N Answer
00900	Are cost claimed for Intern-Resident programs claimed on the current cost report?	00100	Question		Y Answer
01000	Was an Intern-Resident program initiated or renewed in the current cost reporting period?	00100	Question		N Answer
01100	Are GME cost directly assigned to cost centers other than I&R in an Approved Teaching Program on Worksheet A?	00100	Question		N Answer
01200	Is the provider seeking reimbursement for bad debts?	00100	Question		Y Answer
01300	If line 12 is yes, did the provider's bad debt collection policy change during the cost reporting period?	00100	Question		N Answer
01400	If line 12 is yes, are patient deductibles and/or co-payments waived?	00100	Question		N Answer
01500	Have total beds available changed from prior cost reporting period?	00100	Question		Y Answer
01600	Was the cost report prepared using the PS&R only?	00100	Part A - Question		Y Answer
01600	Was the cost report prepared using the PS&R only?	00200	Part A - Date	02/11/2020	Answer
01600	Was the cost report prepared using the PS&R only?	00300	Part B - Question		Y Answer
01600	Was the cost report prepared using the PS&R only?	00400	Part B - Date	02/11/2020	Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00100	Part A - Question		N Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00300	Part B - Question		N Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additional claims that have been billed but not included on t	00100	Information		N Answer

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100168	BOCA RATON REGIONAL HOSPITAL	BOCA RATON, FL	33486		

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S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data				
2	Part 2 - Reimbursement Questionnaire				
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additioanl claims that have been billed but not included on t	00300	Information	N	Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00100	Information	N	Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00300	Information	N	Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00100	Information	N	Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00300	Information	N	Answer
02100	Was the cost report prepared only using the provider's records?	00100	Information	N	Answer
02100	Was the cost report prepared only using the provider's records?	00300	Information	N	Answer
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00100	Wkst Line No	30.	Line Code
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00200	Number of Beds	319.	Beds
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00300	Days Available	29,348.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00600	Medicare Inpatient Days	8,920.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00700	Medicaid Inpatient Days	68.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00800	Total Inpatient Days	17,229.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01300	Medicare Discharges	2,050.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01400	Medicaid Discharges	38.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01500	Total Discharges	4,263.	Discharges

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S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
1 Part 1 - Statistical Data					
00200	HMO and Other	00600	Medicare Inpatient Days	3,372.	Days
00200	HMO and Other	00700	Medicaid Inpatient Days	434.	Days
00200	HMO and Other	01300	Medicare Discharges	567.	Discharges
00200	HMO and Other	01400	Medicaid Discharges	95.	Discharges
00700	Total Adults and Pediatrics (exclude observation beds)	00200	Number of Beds	319.	Beds
00700	Total Adults and Pediatrics (exclude observation beds)	00300	Days Available	29,348.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00600	Medicare Inpatient Days	8,920.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00700	Medicaid Inpatient Days	68.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00800	Total Inpatient Days	17,229.	Days
00800	Intensive Care Unit	00100	Wkst Line No	31.	Line Code
00800	Intensive Care Unit	00200	Number of Beds	30.	Beds
00800	Intensive Care Unit	00300	Days Available	2,760.	Days
00800	Intensive Care Unit	00600	Medicare Inpatient Days	985.	Days
00800	Intensive Care Unit	00800	Total Inpatient Days	1,685.	Days
00800	Intensive Care Unit	00100	Wkst Line No	31.01	Line Code
00800	Intensive Care Unit	00200	Number of Beds	10.	Beds
00800	Intensive Care Unit	00300	Days Available	920.	Days
00800	Intensive Care Unit	00700	Medicaid Inpatient Days	182.	Days
00800	Intensive Care Unit	00800	Total Inpatient Days	316.	Days
00900	Coronary Care Unit	00100	Wkst Line No	32.	Line Code
01000	Burn Intensive Care Unit	00100	Wkst Line No	33.	Line Code
01100	Surgical Intensive Care Unit	00100	Wkst Line No	34.	Line Code
01100	Surgical Intensive Care Unit	00200	Number of Beds	11.	Beds
01100	Surgical Intensive Care Unit	00300	Days Available	1,012.	Days
01100	Surgical Intensive Care Unit	00600	Medicare Inpatient Days	415.	Days
01100	Surgical Intensive Care Unit	00700	Medicaid Inpatient Days	3.	Days
01100	Surgical Intensive Care Unit	00800	Total Inpatient Days	444.	Days
01200	Other Special Care	00100	Wkst Line No	35.	Line Code
01300	Nursery	00100	Wkst Line No	43.	Line Code

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100168	BOCA RATON REGIONAL HOSPITAL		BOCA RATON, FL	33486	

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
01300	Nursery	00700	Medicaid Inpatient Days	26.	Days
01300	Nursery	00800	Total Inpatient Days	1,244.	Days
01400	Total (see instructions)	00200	Number of Beds	370.	Beds
01400	Total (see instructions)	00300	Days Available	34,040.	Days
01400	Total (see instructions)	00600	Medicare Inpatient Days	10,320.	Days
01400	Total (see instructions)	00700	Medicaid Inpatient Days	279.	Days
01400	Total (see instructions)	00800	Total Inpatient Days	20,918.	Days
01400	Total (see instructions)	00900	Total Interns & Resid.	69.78	Count
01400	Total (see instructions)	01000	Employees on Payroll	607.31	FTEs
01400	Total (see instructions)	01300	Medicare Discharges	2,050.	Discharges
01400	Total (see instructions)	01400	Medicaid Discharges	38.	Discharges
01400	Total (see instructions)	01500	Total Discharges	4,263.	Discharges
01600	Subprovider - IPF	00100	Wkst Line No	40.	Line Code
01700	Subprovider - IRF	00100	Wkst Line No	41.	Line Code
01800	Subprovider - Other	00100	Wkst Line No	42.	Line Code
01900	Skilled Nursing Facility	00100	Wkst Line No	44.	Line Code
02000	Nursing Facility	00100	Wkst Line No	45.	Line Code
02100	Other Long Term Care	00100	Wkst Line No	46.	Line Code
02200	Home Health Agency	00100	Wkst Line No	101.	Line Code
02200	Home Health Agency	00600	Medicare Inpatient Days	2,018.	Days
02200	Home Health Agency	00800	Total Inpatient Days	2,454.	Days
02200	Home Health Agency	01000	Employees on Payroll	19.21	FTEs
02300	Ambulatory Surgical Center - ASC (Distinct Part)	00100	Wkst Line No	115.	Line Code
02400	Hospice (Distinct Part)	00100	Wkst Line No	116.	Line Code
02410	Hospice (Non-Distinct Part)	00100	Wkst Line No	30.	Line Code
02500	Community Mental Health Clinic	00100	Wkst Line No	99.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	88.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	89.	Line Code
02700	Total (Sum Lines 14 to 26)	00200	Number of Beds	370.	Beds
02700	Total (Sum Lines 14 to 26)	00900	Total Interns & Resid.	69.78	Count
02700	Total (Sum Lines 14 to 26)	01000	Employees on Payroll	626.52	FTEs

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data			
1	Part 1 - Statistical Data			
02800	Observation Bed Days	00700	Medicaid Inpatient Days	44. Days
02800	Observation Bed Days	00800	Total Inpatient Days	4,052. Days
03200	Labor and Delivery Days	00200	Number of Beds	12. Days
03200	Labor and Delivery Days	00300	Days Available	1,104. Days
03200	Labor and Delivery Days	00700	Medicaid Inpatient Days	5. Days
03200	Labor and Delivery Days	00800	Total Inpatient Days	604. Days
2	Part 2 - Wage Data			
00100	Total Salaries	00100	Wkst A Line Number	200. Line Code
00100	Total Salaries	00200	Amount Reported	41,111,505.
00100	Total Salaries	00400	Adjusted Salaries	41,111,505. Salaries
00100	Total Salaries	00500	Paid Salary Hours	1,229,328.06 Hours
00100	Total Salaries	00600	Average Hourly Amount	33.44 Average
00400	Salaries - Physician - Part A - Administrative	00200	Amount Reported	404,175.
00400	Salaries - Physician - Part A - Administrative	00400	Adjusted Salaries	404,175. Salaries
00400	Salaries - Physician - Part A - Administrative	00500	Paid Salary Hours	1,960. Hours
00400	Salaries - Physician - Part A - Administrative	00600	Average Hourly Amount	206.21 Average
00500	Salaries - Physician - Part B	00200	Amount Reported	375,708.
00500	Salaries - Physician - Part B	00400	Adjusted Salaries	375,708. Salaries
00500	Salaries - Physician - Part B	00500	Paid Salary Hours	4,032. Hours
00500	Salaries - Physician - Part B	00600	Average Hourly Amount	93.18 Average
00700	Salaries - Interns and Residents	00100	Wkst A Line Number	21. Line Code
00700	Salaries - Interns and Residents	00200	Amount Reported	1,164,914. 00701
00700	Salaries - Interns and Residents	00400	Adjusted Salaries	1,164,914. Salaries
00700	Salaries - Interns and Residents	00500	Paid Salary Hours	36,585.89 Hours
00700	Salaries - Interns and Residents	00600	Average Hourly Amount	31.84 Average
00900	Salaries - Skilled Nursing Facility	00100	Wkst A Line Number	44. Line Code
01000	Salaries - Excludes Area	00200	Amount Reported	925,504.
01000	Salaries - Excludes Area	00300	Reclass. Salaries	28,724. Adjustmen t
01000	Salaries - Excludes Area	00400	Adjusted Salaries	954,228. Salaries
01000	Salaries - Excludes Area	00500	Paid Salary Hours	27,611.04 Hours
01000	Salaries - Excludes Area	00600	Average Hourly Amount	34.56 Average
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00200	Amount Reported	1,812,842.

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100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

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S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
2 Part 2 - Wage Data					
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00400	Adjusted Salaries	1,812,842.	Salaries
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00500	Paid Salary Hours	45,786.98	Hours
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00600	Average Hourly Amount	39.59	Average
01200	Other Wages & Cost - Contract Labor - Management and Admin Services	00200	Amount Reported	513,407.	
01200	Other Wages & Cost - Contract Labor - Management and Admin Services	00400	Adjusted Salaries	513,407.	Salaries
01200	Other Wages & Cost - Contract Labor - Management and Admin Services	00500	Paid Salary Hours	6,864.	Hours
01200	Other Wages & Cost - Contract Labor - Management and Admin Services	00600	Average Hourly Amount	74.80	Average
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00200	Amount Reported	77,826.	
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00400	Adjusted Salaries	77,826.	Salaries
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00500	Paid Salary Hours	550.50	Hours
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00600	Average Hourly Amount	141.37	Average
01700	Wage Related Costs - Core	00200	Amount Reported	11,129,482.	
01700	Wage Related Costs - Core	00400	Adjusted Salaries	11,129,482.	Salaries
01900	Wage Related Costs - Excluded Areas	00200	Amount Reported	262,296.	
01900	Wage Related Costs - Excluded Areas	00400	Adjusted Salaries	262,296.	Salaries
02200	Wage Related Cost - Physician Part A - Administrative	00200	Amount Reported	46,780.	
02200	Wage Related Cost - Physician Part A - Administrative	00400	Adjusted Salaries	46,780.	Salaries
02300	Wage Related Cost - Physician Part B	00200	Amount Reported	64,952.	
02300	Wage Related Cost - Physician Part B	00400	Adjusted Salaries	64,952.	Salaries
02600	Overhead Cost - Employee Benefits	00100	Wkst A Line Number	4.	Line Code
02600	Overhead Cost - Employee Benefits	00200	Amount Reported	323,312.	
02600	Overhead Cost - Employee Benefits	00400	Adjusted Salaries	323,312.	Salaries
02600	Overhead Cost - Employee Benefits	00500	Paid Salary Hours	6,947.30	Hours
02600	Overhead Cost - Employee Benefits	00600	Average Hourly Amount	46.54	Average

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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
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
02700	Overhead Cost - Administrative & General	00100	Wkst A Line Number	5.	Line Code
02700	Overhead Cost - Administrative & General	00200	Amount Reported	6,771,335.	
02700	Overhead Cost - Administrative & General	00400	Adjusted Salaries	6,771,335.	Salaries
02700	Overhead Cost - Administrative & General	00500	Paid Salary Hours	172,292.06	Hours
02700	Overhead Cost - Administrative & General	00600	Average Hourly Amount	39.30	Average
02800	Overhead Cost - Administrative & General Under Contract	00200	Amount Reported	1,049,539.	
02800	Overhead Cost - Administrative & General Under Contract	00400	Adjusted Salaries	1,049,539.	Salaries
02800	Overhead Cost - Administrative & General Under Contract	00500	Paid Salary Hours	18,579.58	Hours
02800	Overhead Cost - Administrative & General Under Contract	00600	Average Hourly Amount	56.49	Average
02900	Overhead Cost - Maintenance and Repairs	00100	Wkst A Line Number	6.	Line Code
02900	Overhead Cost - Maintenance and Repairs	00200	Amount Reported	463,342.	
02900	Overhead Cost - Maintenance and Repairs	00400	Adjusted Salaries	463,342.	Salaries
02900	Overhead Cost - Maintenance and Repairs	00500	Paid Salary Hours	18,156.11	Hours
02900	Overhead Cost - Maintenance and Repairs	00600	Average Hourly Amount	25.52	Average
03000	Overhead Cost - Operation of Plant	00100	Wkst A Line Number	7.	Line Code
03000	Overhead Cost - Operation of Plant	00200	Amount Reported	152,371.	
03000	Overhead Cost - Operation of Plant	00400	Adjusted Salaries	152,371.	Salaries
03000	Overhead Cost - Operation of Plant	00500	Paid Salary Hours	4,197.62	Hours
03000	Overhead Cost - Operation of Plant	00600	Average Hourly Amount	36.30	Average
03100	Overhead Cost - Laundry and Linen Service	00100	Wkst A Line Number	8.	Line Code
03100	Overhead Cost - Laundry and Linen Service	00200	Amount Reported	12,185.	
03100	Overhead Cost - Laundry and Linen Service	00400	Adjusted Salaries	12,185.	Salaries
03100	Overhead Cost - Laundry and Linen Service	00500	Paid Salary Hours	824.95	Hours
03100	Overhead Cost - Laundry and Linen Service	00600	Average Hourly Amount	14.77	Average
03200	Overhead Cost - Housekeeping	00100	Wkst A Line Number	9.	Line Code
03200	Overhead Cost - Housekeeping	00200	Amount Reported	692,986.	
03200	Overhead Cost - Housekeeping	00400	Adjusted Salaries	692,986.	Salaries
03200	Overhead Cost - Housekeeping	00500	Paid Salary Hours	44,969.90	Hours
03200	Overhead Cost - Housekeeping	00600	Average Hourly Amount	15.41	Average
03300	Overhead Cost - Housekeeping Under Contract	00200	Amount Reported	11,480.	

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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
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
03300	Overhead Cost - Housekeeping Under Contract	00400	Adjusted Salaries	11,480.	Salaries
03300	Overhead Cost - Housekeeping Under Contract	00500	Paid Salary Hours	560.	Hours
03300	Overhead Cost - Housekeeping Under Contract	00600	Average Hourly Amount	20.50	Average
03400	Overhead Cost - Dietary	00100	Wkst A Line Number	10.	Line Code
03400	Overhead Cost - Dietary	00200	Amount Reported	739,611.	
03400	Overhead Cost - Dietary	00400	Adjusted Salaries	739,611.	Salaries
03400	Overhead Cost - Dietary	00500	Paid Salary Hours	45,155.74	Hours
03400	Overhead Cost - Dietary	00600	Average Hourly Amount	16.38	Average
03500	Overhead Cost - Dietary Under Contract	00200	Amount Reported	220,493.	
03500	Overhead Cost - Dietary Under Contract	00400	Adjusted Salaries	220,493.	Salaries
03500	Overhead Cost - Dietary Under Contract	00500	Paid Salary Hours	4,461.	Hours
03500	Overhead Cost - Dietary Under Contract	00600	Average Hourly Amount	49.43	Average
03600	Overhead Cost - Cafeteria	00100	Wkst A Line Number	11.	Line Code
03700	Overhead Cost - Maintenance of Personnel	00100	Wkst A Line Number	12.	Line Code
03800	Overhead Cost - Nursing Administration	00100	Wkst A Line Number	13.	Line Code
03800	Overhead Cost - Nursing Administration	00200	Amount Reported	1,297,242.	
03800	Overhead Cost - Nursing Administration	00300	Reclass. Salaries	-126,549.	Adjustment
03800	Overhead Cost - Nursing Administration	00400	Adjusted Salaries	1,170,693.	Salaries
03800	Overhead Cost - Nursing Administration	00500	Paid Salary Hours	28,787.94	Hours
03800	Overhead Cost - Nursing Administration	00600	Average Hourly Amount	40.67	Average
03900	Overhead Cost - Central Services and Supply	00100	Wkst A Line Number	14.	Line Code
03900	Overhead Cost - Central Services and Supply	00200	Amount Reported	234,127.	
03900	Overhead Cost - Central Services and Supply	00400	Adjusted Salaries	234,127.	Salaries
03900	Overhead Cost - Central Services and Supply	00500	Paid Salary Hours	10,211.26	Hours
03900	Overhead Cost - Central Services and Supply	00600	Average Hourly Amount	22.93	Average
04000	Overhead Cost - Pharmacy	00100	Wkst A Line Number	15.	Line Code
04000	Overhead Cost - Pharmacy	00200	Amount Reported	1,187,553.	
04000	Overhead Cost - Pharmacy	00300	Reclass. Salaries	-28,724.	Adjustment
04000	Overhead Cost - Pharmacy	00400	Adjusted Salaries	1,158,829.	Salaries
04000	Overhead Cost - Pharmacy	00500	Paid Salary Hours	27,163.85	Hours
04000	Overhead Cost - Pharmacy	00600	Average Hourly Amount	42.66	Average

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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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
04100	Overhead Cost - Medical Records & Medical Records Library	00100	Wkst A Line Number	16.	Line Code
04100	Overhead Cost - Medical Records & Medical Records Library	00200	Amount Reported	652,023.	
04100	Overhead Cost - Medical Records & Medical Records Library	00400	Adjusted Salaries	652,023.	Salaries
04100	Overhead Cost - Medical Records & Medical Records Library	00500	Paid Salary Hours	21,684.57	Hours
04100	Overhead Cost - Medical Records & Medical Records Library	00600	Average Hourly Amount	30.07	Average
04200	Overhead Cost - Social Service	00100	Wkst A Line Number	17.	Line Code
04300	Overhead Cost - Other General Services	00100	Wkst A Line Number	18.	Line Code
3	Part 3 - Hospital Wage Index Summary				
00100	Net Salaries	00200	Amount Reported	40,852,395.	Salaries
00100	Net Salaries	00400	Adjusted Salaries	40,852,395.	Salaries
00100	Net Salaries	00500	Paid Salary Hours	1,212,310.75	Hours
00100	Net Salaries	00600	Average Hourly Amount	33.70	Average
00200	Excluded Area Salaries	00200	Amount Reported	925,504.	Salaries
00200	Excluded Area Salaries	00300	Reclass. Salaries	28,724.	Salaries
00200	Excluded Area Salaries	00400	Adjusted Salaries	954,228.	Salaries
00200	Excluded Area Salaries	00500	Paid Salary Hours	27,611.04	Hours
00200	Excluded Area Salaries	00600	Average Hourly Amount	34.56	Average
00300	Sub Total Salaries (Line 01 Minus 02)	00200	Amount Reported	39,926,891.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00300	Reclass. Salaries	-28,724.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00400	Adjusted Salaries	39,898,167.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00500	Paid Salary Hours	1,184,699.71	Hours
00300	Sub Total Salaries (Line 01 Minus 02)	00600	Average Hourly Amount	33.68	Average
00400	Sub Total Other Wages and Related Costs	00200	Amount Reported	2,404,075.	Salaries
00400	Sub Total Other Wages and Related Costs	00400	Adjusted Salaries	2,404,075.	Salaries
00400	Sub Total Other Wages and Related Costs	00500	Paid Salary Hours	53,201.48	Hours
00400	Sub Total Other Wages and Related Costs	00600	Average Hourly Amount	45.19	Average
00500	Sub Total Wage Related Costs	00200	Amount Reported	11,176,262.	Salaries
00500	Sub Total Wage Related Costs	00400	Adjusted Salaries	11,176,262.	Salaries
00500	Sub Total Wage Related Costs	00600	Average Hourly Amount	28.01	Average

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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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
3	Part 3 - Hospital Wage Index Summary				
00600	Total (Sum of Lines 03 to 05)	00200	Amount Reported	53,507,228.	Salaries
00600	Total (Sum of Lines 03 to 05)	00300	Reclass. Salaries	-28,724.	Salaries
00600	Total (Sum of Lines 03 to 05)	00400	Adjusted Salaries	53,478,504.	Salaries
00600	Total (Sum of Lines 03 to 05)	00500	Paid Salary Hours	1,237,901.19	Hours
00600	Total (Sum of Lines 03 to 05)	00600	Average Hourly Amount	43.20	Average
00700	Total Overhead Cost (See Instructions)	00200	Amount Reported	13,807,599.	Salaries
00700	Total Overhead Cost (See Instructions)	00300	Reclass. Salaries	-155,273.	Salaries
00700	Total Overhead Cost (See Instructions)	00400	Adjusted Salaries	13,652,326.	Salaries
00700	Total Overhead Cost (See Instructions)	00500	Paid Salary Hours	403,991.88	Hours
00700	Total Overhead Cost (See Instructions)	00600	Average Hourly Amount	33.79	Average
4	Part 4 - Core List				
00100	Retirement - 401K Employer Contributions	00100	Amount	658,489.	
00400	Retirement - Qualified Defined Benefit Plan Cost	00100	Amount	1,203,812.	
00802		00100	Amount	4,833,734.	
00900	Prescription Drug Plan	00100	Amount	1,336,861.	
01000	Dental, Hearing and Vision Plan	00100	Amount	19,585.	
01100	Life Insurance (If Employee Is Owner or Beneficiary)	00100	Amount	10,772.	
01300	Disability Insurance (If Employee Is Owner or Beneficiary)	00100	Amount	160,736.	
01500	Workers Compensation Insurance	00100	Amount	142,869.	
01700	FICA-Employers Portion Only	00100	Amount	2,962,193.	
01900	Unemployment Insurance	00100	Amount	7,240.	
02100	Executive Deferred Compensation	00100	Amount	89,042.	
02300	Tuition Reimbursement	00100	Amount	78,177.	
02400	Total Wage Related Cost (Sum lines 01-23)	00100	Amount	11,503,510.	
5	Part 3 - Contract Labor and Benefit Cost				
00100	Total Facility Contract Labor and Benefit Cost	00100	Contract Labor	1,812,842.	
00100	Total Facility Contract Labor and Benefit Cost	00200	Benefit Cost	11,503,510.	
00200	Hospital	00100	Contract Labor	1,812,842.	
00200	Hospital	00200	Benefit Cost	11,129,482.	
01100	Hospital-Based - HHA	00200	Benefit Cost	102,060.	
01800	Other	00200	Benefit Cost	271,968.	

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

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

S41	Wkst S-4 Hospital-Based Home Health Agency Statistical Data				
00000	Information	00100	Episodes - No Outliers	PALM BEACH	Episodes
00100	Home Health Aide Hours	00200	Episodes - Outliers	83.00	Hours
00100	Home Health Aide Hours	00500	Total Episodes (Col 01 to	83.00	Hours
00200	Unduplicated Census Count (See Instructions)	00200	Episodes - Outliers	132.	Census
00200	Unduplicated Census Count (See Instructions)	00400	PEP only Episodes	83.	Census
00200	Unduplicated Census Count (See Instructions)	00500	Total Episodes (Col 01 to	215.	Census
00300	Administrator and Assistant Administrators	00000	Description	40.00	FTEs
00400	Directors and Assistant Directors	00100	Episodes - No Outliers	1.00	FTEs
00400	Directors and Assistant Directors	00300	LUPA Episodes	1.00	FTEs
00500	Other Administrative Personnel	00100	Episodes - No Outliers	6.00	FTEs
00500	Other Administrative Personnel	00300	LUPA Episodes	6.00	FTEs
00600	Direct Nursing Services	00100	Episodes - No Outliers	8.12	FTEs
00600	Direct Nursing Services	00300	LUPA Episodes	8.12	FTEs
00800	Physical Therapy Service	00100	Episodes - No Outliers	2.79	FTEs
00800	Physical Therapy Service	00300	LUPA Episodes	2.79	FTEs
00900	Physical Therapy Supervisors	00100	Episodes - No Outliers	0.09	FTEs
00900	Physical Therapy Supervisors	00300	LUPA Episodes	0.09	FTEs
01000	Occupational Therapy Service	00100	Episodes - No Outliers	0.18	FTEs
01000	Occupational Therapy Service	00300	LUPA Episodes	0.18	FTEs
01200	Speech Pathlogy Service	00100	Episodes - No Outliers	0.02	FTEs
01200	Speech Pathlogy Service	00300	LUPA Episodes	0.02	FTEs
01400	Medical Social Service	00100	Episodes - No Outliers	0.01	FTEs
01400	Medical Social Service	00300	LUPA Episodes	0.01	FTEs
01600	Home Health Aides	00100	Episodes - No Outliers	1.00	FTEs
01600	Home Health Aides	00300	LUPA Episodes	1.00	FTEs
01900	Home many CBSA did you provide services to during this cost reporting period	00100	Episodes - No Outliers	1.	Count
02000	List of CBSAs	00100	Episodes - No Outliers	48424	MSAs
02100	Skilled Nursing Visits	00100	Episodes - No Outliers	802.	Visits
02100	Skilled Nursing Visits	00200	Episodes - Outliers	151.	Visits
02100	Skilled Nursing Visits	00300	LUPA Episodes	7.	Visits
02100	Skilled Nursing Visits	00400	PEP only Episodes	57.	Visits

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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

S41 Wkst S-4 Hospital-Based Home Health Agency Statistical Data					
02100	Skilled Nursing Visits	00500	Total Episodes (Col 01 to	1,017.	Visits
02200	Skilled Nursing Visit Charges	00100	Episodes - No Outliers	202,906.	Charges
02200	Skilled Nursing Visit Charges	00200	Episodes - Outliers	38,203.	Charges
02200	Skilled Nursing Visit Charges	00300	LUPA Episodes	1,771.	Charges
02200	Skilled Nursing Visit Charges	00400	PEP only Episodes	14,421.	Charges
02200	Skilled Nursing Visit Charges	00500	Total Episodes (Col 01 to	257,301.	Charges
02300	Physical Therapy Visits	00100	Episodes - No Outliers	701.	Visits
02300	Physical Therapy Visits	00200	Episodes - Outliers	59.	Visits
02300	Physical Therapy Visits	00300	LUPA Episodes	8.	Visits
02300	Physical Therapy Visits	00400	PEP only Episodes	49.	Visits
02300	Physical Therapy Visits	00500	Total Episodes (Col 01 to	817.	Visits
02400	Physical Therapy Visit Charges	00100	Episodes - No Outliers	171,745.	Charges
02400	Physical Therapy Visit Charges	00200	Episodes - Outliers	14,455.	Charges
02400	Physical Therapy Visit Charges	00300	LUPA Episodes	1,960.	Charges
02400	Physical Therapy Visit Charges	00400	PEP only Episodes	12,005.	Charges
02400	Physical Therapy Visit Charges	00500	Total Episodes (Col 01 to	200,165.	Charges
02500	Occupational Therapy Visits	00100	Episodes - No Outliers	75.	Visits
02500	Occupational Therapy Visits	00200	Episodes - Outliers	11.	Visits
02500	Occupational Therapy Visits	00400	PEP only Episodes	1.	Visits
02500	Occupational Therapy Visits	00500	Total Episodes (Col 01 to	87.	Visits
02600	Occupational Therapy Visit Charges	00100	Episodes - No Outliers	18,150.	Charges
02600	Occupational Therapy Visit Charges	00200	Episodes - Outliers	2,662.	Charges
02600	Occupational Therapy Visit Charges	00400	PEP only Episodes	242.	Charges
02600	Occupational Therapy Visit Charges	00500	Total Episodes (Col 01 to	21,054.	Charges
02700	Speech Pathlogy Visits	00100	Episodes - No Outliers	14.	Visits
02700	Speech Pathlogy Visits	00500	Total Episodes (Col 01 to	14.	Visits
02800	Speech Pathlogy Visit Charges	00100	Episodes - No Outliers	3,430.	Charges
02800	Speech Pathlogy Visit Charges	00500	Total Episodes (Col 01 to	3,430.	Charges

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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

S41	Wkst S-4 Hospital-Based Home Health Agency Statistical Data				
03100	Home Health Aide Visits	00100	Episodes - No Outliers	69.	Visits
03100	Home Health Aide Visits	00200	Episodes - Outliers	3.	Visits
03100	Home Health Aide Visits	00300	LUPA Episodes	1.	Visits
03100	Home Health Aide Visits	00400	PEP only Episodes	10.	Visits
03100	Home Health Aide Visits	00500	Total Episodes (Col 01 to	83.	Visits
03200	Home Health Aide Visit Charges	00100	Episodes - No Outliers	11,385.	Charges
03200	Home Health Aide Visit Charges	00200	Episodes - Outliers	495.	Charges
03200	Home Health Aide Visit Charges	00300	LUPA Episodes	165.	Charges
03200	Home Health Aide Visit Charges	00400	PEP only Episodes	1,650.	Charges
03200	Home Health Aide Visit Charges	00500	Total Episodes (Col 01 to	13,695.	Charges
03300	Total Visits (Lines 21,23,25,27,29 and 31)	00100	Episodes - No Outliers	1,661.	Charges
03300	Total Visits (Lines 21,23,25,27,29 and 31)	00200	Episodes - Outliers	224.	Charges
03300	Total Visits (Lines 21,23,25,27,29 and 31)	00300	LUPA Episodes	16.	Charges
03300	Total Visits (Lines 21,23,25,27,29 and 31)	00400	PEP only Episodes	117.	Charges
03300	Total Visits (Lines 21,23,25,27,29 and 31)	00500	Total Episodes (Col 01 to	2,018.	Charges
03500	Total Charges (Line 22,24,26,28,30,32 and 34)	00100	Episodes - No Outliers	407,616.	Charges
03500	Total Charges (Line 22,24,26,28,30,32 and 34)	00200	Episodes - Outliers	55,815.	Charges
03500	Total Charges (Line 22,24,26,28,30,32 and 34)	00300	LUPA Episodes	3,896.	Charges
03500	Total Charges (Line 22,24,26,28,30,32 and 34)	00400	PEP only Episodes	28,318.	Charges
03500	Total Charges (Line 22,24,26,28,30,32 and 34)	00500	Total Episodes (Col 01 to	495,645.	Charges
03600	Worksheet S-4 Total Number of Episodes	00100	Episodes - No Outliers	118.	Episodes
03600	Worksheet S-4 Total Number of Episodes	00300	LUPA Episodes	5.	Episodes
03600	Worksheet S-4 Total Number of Episodes	00400	PEP only Episodes	4.	Episodes
03600	Worksheet S-4 Total Number of Episodes	00500	Total Episodes (Col 01 to	127.	Episodes
03700	Worksheet S-4 Total Number of Outlier Episodes	00200	Episodes - Outliers	7.	Episodes
03700	Worksheet S-4 Total Number of Outlier Episodes	00400	PEP only Episodes	4.	Episodes
03700	Worksheet S-4 Total Number of Outlier Episodes	00500	Total Episodes (Col 01 to	11.	Episodes
03800	Worksheet S-4 Total Non-Routine Medical Supply Charges	00100	Episodes - No Outliers	13,900.	Charges

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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

S41	Wkst S-4 Hospital-Based Home Health Agency Statistical Data				
03800	Worksheet S-4 Total Non-Routine Medical Supply Charges	00200	Episodes - Outliers	1,653.	Charges
03800	Worksheet S-4 Total Non-Routine Medical Supply Charges	00400	PEP only Episodes	64.	Charges
03800	Worksheet S-4 Total Non-Routine Medical Supply Charges	00500	Total Episodes (Col 01 to	15,617.	Charges

100176 PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410

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

S00	Wkst S Hospital and Hospital Healthcare Complex Cost Report Certification and Settlement Summary				
1	Part 1 - Cost Report Status				
00100	Electronically Filed Cost Report?	00100	Information	X	
00400	Medicare Utilization - F for 'Full' and L for 'Low'	00100	Information	F	
00500	Cost Report Status (1-Submitted 2-Settled 3-Audited 4-Reopened 5-Amended)	00100	Information	1	
00600	FI Received Date	00200	Information	06/01/2020	
00700	Fiscal Intermediary Number	00200	Information	04011	
00800	Initial Cost Report for this Provider CCN?	00200	Information	N	
00900	Final Cost Report for this Provider CCN?	00200	Information	N	
01100	Contractor Vendor Code	00300	Information	4	
3	Part 3 - Settlement Summary				
00100	Hospital	00200	Medicare - Part A	-243,973.	
00100	Hospital	00300	Medicare - Part B	172,132.	
00100	Hospital	00500	Medicaid	3,808,033.	
20000	Total Settlement Summary	00200	Medicare - Part A	-243,973.	
20000	Total Settlement Summary	00300	Medicare - Part B	172,132.	
20000	Total Settlement Summary	00500	Medicaid	3,808,033.	
S10	Wkst S-10 Hospital Uncompensated and Indigent Care Data				
00100	Cost to Charge Ratio (Worksheet C Part 1 Line 200 Col 3 Divided by Line 200 Col 8)	00100	Amounts	0.098961	CC Ratio
00200	Net Revenue From Medicaid	00100	Amounts	6,494,093.	
00300	Did you receive DSH or supplemental payment from Medicaid?	00100	Question	Y	Answer
00400	If line 3 is yes, does line 2 included all DSH or supplemental payments from Medicaid?	00100	Question	N	Answer

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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

S10 Wkst S-10 Hospital Uncompensated and Indigent Care Data					
00500	If line 4 is no, enter DSH or supplemental payment from Medicaid.	00100	Amounts	-2,684,456.	
00600	Medicaid Charges	00100	Amounts	126,298,829.	Charges
00700	Medicaid Cost (Line 01 Times Line 06)	00100	Amounts	12,498,658.	Cost
00800	Difference Between Net Revenue and Cost For Medicaid Program (Line 02 Plus Line 05 Minus Line 07)	00100	Amounts	8,689,021.	
00900	Net Revenue From Stand-Alone SCHIP	00100	Amounts	27,093.	
01000	Stand-Alone SCHIP Charges	00100	Amounts	281,580.	Charges
01100	Stand-Alone SCHIP Cost (Line 01 Times Line 10)	00100	Amounts	27,865.	
01200	Difference Between Net Revenue and Cost For Stand-Alone SCHIP (Line 09 Minus Line 11)	00100	Amounts	772.	
01300	Net Revenue From State or Local Indigent Care Program (Not Included on Lines 02, 05 or 09)	00100	Amounts	602,947.	
01400	Charges from Patient Covered Under State or Local Indigent Care Program (Not Included in Lines 06 or 10)	00100	Amounts	19,750,228.	Charges
01500	State or Local Indigent Care Program Cost (Line 01 Times Line 14)	00100	Amounts	1,954,502.	
01600	Difference Between Net Revenue and Costs for State or Local Indigent Care Program (Line 13 Minus Line 15)	00100	Amounts	1,351,555.	
01900	Total Unreimbursed Cost From Medicaid, SCHIP, and State and Local Indigent Care Programs (Sum of Lines 08, 12 and 16)	00100	Amounts	10,041,348.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00100	Uninsured Patients	57,547,260.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00200	Insured Patients	7,228.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00300	Total (Col 01 & 02)	57,554,488.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00100	Uninsured Patients	5,694,934.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00200	Insured Patients	7,228.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00300	Total (Col 01 & 02)	5,702,162.	
02200	Partial Payment by Patients Approved for Charity Care	00100	Uninsured Patients	30,072.	

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S10 Wkst S-10 Hospital Uncompensated and Indigent Care Data					
02200	Partial Payment by Patients Approved for Charity Care	00300	Total (Col 01 & 02)	30,072.	
02300	Cost of Charity Care (Line 21 Minus 22)	00100	Uninsured Patients	5,664,862.	
02300	Cost of Charity Care (Line 21 Minus 22)	00200	Insured Patients	7,228.	
02300	Cost of Charity Care (Line 21 Minus 22)	00300	Total (Col 01 & 02)	5,672,090.	
02400	Does the Amount in Line 20, Col 2 Include Charges for Patient Days Beyond a Length of Stay Limit for Medicaid Patients	00100	Amounts		N
02600	Total Bad Debt Expense For the Entire Hospital Complex (See Instructions)	00100	Amounts	17,653,838.	
02700	Medicare Bad Debts For the Entire Hospital Complex (See Instructions)	00100	Amounts	546,055.	
02701		00100	Amounts	840,085.	
02800	Non-Medicare and Non-Reimbursable Bad Debt Expense (Line 26 Minus Line 27)	00100	Amounts	16,813,753.	
02900	Cost of Non-Medicare Bad Debt Expense (Line 01 Times Line 28)	00100	Amounts	1,957,936.	
03000	Cost of Non-Medicare Uncompensated Care (Line 23 Col 03 Plus Line 29)	00100	Amounts	7,630,026.	
03100	Total Unreimbursed and Uncompensated Care Cost (Line 19 Plus Line 30)	00100	Amounts	17,671,374.	
S20 Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
00300	Hospital	00200	CCN Number	100176	
00300	Hospital	00300	CBSA Number	48424	
00300	Hospital	00400	Provider Type	1.	
00300	Hospital	00500	Date Certified	12/14/1970	
00300	Hospital	00600	Payment - Title 5	N	
00300	Hospital	00700	Payment - Medicare	P	
00300	Hospital	00800	Payment - Medicaid	O	
02000	Cost Reporting Period	00100	Rept Period - From	01/01/2019	Date
02000	Cost Reporting Period	00200	Rept Period - To	12/31/2019	Date
02100	Type of Control	00100	Provider Type	4	Code
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00100	Question	N	Answer

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

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data					
1	Part 1 - Complex Identification Data					
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CRF 412	00200	Question			N Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00100	Question			N Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00200	Question			N Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00100	Question			N Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00200	Question			N Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00100	Question			N Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00200	Question			N Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00300	Question			N Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00100	Question		3.	Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00200	Question			N Answer
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00100	State Medicaid Paid	1,482.		Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00500	Medicaid HMO	2,522.		Days
02600	Geographic Classification - Enter you standard geographic classification status at the beginning of the CR period.	00100	Geographic Location		1.	Urban/Rur a

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S20 Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
02700	Geographic Classification - Enter you standard geographic classification status at the end of the CR period.	00100	Geographic Location		1. Urban/Rura
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00100	Answer - Part 1		N Answer
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00200	Answer - Part 2		N Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00100	Discharges before 10-1		N Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00200	Discharges after 10-1		N Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00100	Title 5		N Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00200	Medicare		Y Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00300	Medicaid		Y Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00100	Title 5		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00200	Medicare		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00300	Medicaid		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00100	Title 5		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00200	Medicare		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00300	Medicaid		N Answer

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data					
1	Part 1 - Complex Identification Data					
04800	Is the facility electing full federal capital payment?	00100	Title 5		N	Answer
04800	Is the facility electing full federal capital payment?	00200	Medicare		N	Answer
04800	Is the facility electing full federal capital payment?	00300	Medicaid		N	Answer
05600	Is this a teaching hospital involved in training residents in approved GME programs?	00100	Question		N	Answer
05800	If line 56 is yes, did the facility elect cost reimbursement for physicians services as defined by CMS 15-1 section 2148?	00100	Question		N	Answer
05900	Are costs claimed cost on Worksheet A line 100? If yes, complete D-2 Part 1	00100	Question		N	Answer
06000	Are you claiming nursing school and allied health costs for a program that meets the provider criteria under 413.85?	00100	Question		N	Answer
06100	Did your facility receive additional FTE slots uner ACA section 5503?	00100	Question		N	Answer
06300	Has your facility trained residents in non-provider settings during the cost reporting period?	00100	Question		N	Answer
07000	Is this facility an Inpatient Psychiatric Facility (IPF), or do you contain an IPF subprovider?	00100	Question		N	Answer
07500	Is this facility an Inpatient Rehabilitation Facility (IRF) or do you contain an IRF subprovider?	00100	Question		N	Answer
08000	Is this a Long Term Care Hospital?	00100	Question		N	Answer
08100	Line missing from Documentation.	00100	Question		N	Answer
08500	Is this a new hospital under 42 CFR 413.40 TEFRA?	00100	Question		N	Answer
08700	Is this hospital a 'Subclause (II)' LTCH classified under 1886(d)(B)(iv)(II)?	00100	Question		N	Answer
09000	Does this facility have title 5 and/or title 19 inpatient hospital services?	00100	Title 5		N	Answer
09000	Does this facility have title 5 and/or title 19 inpatient hospital services?	00200	Medicaid		Y	Answer
09100	Is this hospital reimbrused for title 5 and/or title 19 through the cost report either in full or part?	00100	Title 5		N	Answer

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S20 Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
11500	Is this an all inclusive rate provider?	00100	Question		N Answer
11600	Are you classified as a referral center?	00100	Question		N Answer
11700	Is this facility legally required to carry malpractice insurance?	00100	Malpractice Ins		Y Answer
11800	Is the malpractice insurance a claims-made or occurrence policy?	00100	Question		1. Answer
11801	List amounts of malpractice premiums and paid losses	00100	Premiums	1,059,564.	Amount
11801	List amounts of malpractice premiums and paid losses	00200	Paid Losses	7,235,738.	Amount
11802	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General?	00100	Question		N Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00100	Question		N Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00200	Rural Hospital		N Answer
12100	Did this facility incur and report cost for the high cost implantable devices charged to patients?	00100	Question		Y Answer
12200	Does this cost report contain state health or similar taxes?	00100	Question		N Answer
12500	Does this facility operate a transplant center? Yes or No and enter certification date.	00100	Question		N Answer
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00100	Question		Y Answer
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00200	Chain Number	HB0557	Code
14100	TENET HEALTHCARE CORPORATION	00100	Chain Organization		
14100	NOVITAS SOLUTIONS	00200	Chain Organization		
14100	04011	00300	Chain Organization		
14200	14201 DALLAS PARKWAY	00100	Chain Organization		
14300	DALLAS	00100	Chain Organization		
14300	TX	00200	Chain Organization		
14300	75254-2916	00300	Chain Organization		

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
1	Part 1 - Complex Identification Data				
14400	Are provider based physicians cost included in Worksheet A?	00100	Question		Y Answer
14500	If you are claiming cost for renal services on Worksheet A Line 74, are they cost for inpatient services only?	00100	Question		Y Answer
14500	If you are claiming cost for renal services on Worksheet A Line 74, are they cost for inpatient services only?	00200	Question		N Answer
14600	Has the cost allocation methodology changed from the previously filed cost report?	00100	Question		N Answer
14700	Was there a change in the statistical basis?	00100	Question		N Answer
14800	Was there a change in the order of allocation?	00100	Question		N Answer
14900	Was the change to the simplified cost finding method?	00100	Question		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00100	Medicare Part A		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00200	Medicare Part B		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00300	Title V		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00400	Medicaid		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer

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S20 Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	CBSA Number		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Provider Type		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	Title V		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Medicaid		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00200	Medicare Part B		N Answer

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100176	PALM BEACH GARDENS	PALM BEACH GARDENS, FL	33410		

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
1	Part 1 - Complex Identification Data				
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00300	Title V		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00400	Medicaid		N Answer
16500	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs?	00100	Question		N Answer
16700	Is this provider a meaningful user under 1886 (n)?	00100	Question		Y Answer
17100	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on	00100	Question		N Answer
2	Part 2 - Reimbursement Questionnaire				
00100	Has the provider changed ownership immediately prior to the beginning of the cost report period?	00100	Question		N
00200	Has the provider terminated participation in the Medicare Program?	00100	Question		N
00300	Is the provider involved in business transactions with individuals or entities that are related to the provider?	00100	Question		Y Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00100	Question		Y Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00200	Type of Statements		A Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00300	Date Available	02/24/2020	Answer
00500	Are the cost report total expenses and total revenues different from those on filed financial statements?	00100	Question		N Answer
00600	Were cost claimed for nursing school?	00100	Question		N Answer
00700	Were cost claimed for allied health programs?	00100	Question		N Answer
00800	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	00100	Question		N Answer
00900	Are cost claimed for Intern-Resident programs claimed on the current cost report?	00100	Question		N Answer

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Line	Description	Col	Column Desc	Line Value	Type
S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data				
2	Part 2 - Reimbursement Questionnaire				
01000	Was an Intern-Resident program initiated or renewed in the current cost reporting period?	00100	Question		N Answer
01100	Are GME cost directly assigned to cost centers other than I&R in an Approved Teaching Program on Worksheet A?	00100	Question		N Answer
01200	Is the provider seeking reimbursement for bad debts?	00100	Question		Y Answer
01300	If line 12 is yes, did the provider's bad debt collection policy change during the cost reporting period?	00100	Question		N Answer
01400	If line 12 is yes, are patient deductibles and/or co-payments waived?	00100	Question		N Answer
01500	Have total beds available changed from prior cost reporting period?	00100	Question		N Answer
01600	Was the cost report prepared using the PS&R only?	00100	Part A - Question		N Answer
01600	Was the cost report prepared using the PS&R only?	00300	Part B - Question		N Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00100	Part A - Question		Y Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00200	Part A - Date	03/31/2020	Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00300	Part B - Question		Y Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00400	Part B - Date	03/31/2020	Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additional claims that have been billed but not included on t	00100	Information		N Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additional claims that have been billed but not included on t	00300	Information		N Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00100	Information		N Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00300	Information		N Answer

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S20 Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data					
2 Part 2 - Reimbursement Questionnaire					
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00100	Information		N Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00300	Information		N Answer
02100	Was the cost report prepared only using the provider's records?	00100	Information		N Answer
02100	Was the cost report prepared only using the provider's records?	00300	Information		N Answer
S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
1 Part 1 - Statistical Data					
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00100	Wkst Line No	30.	Line Code
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00200	Number of Beds	155.	Beds
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00300	Days Available	56,575.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00600	Medicare Inpatient Days	16,117.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00700	Medicaid Inpatient Days	1,020.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00800	Total Inpatient Days	36,936.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01300	Medicare Discharges	4,388.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01400	Medicaid Discharges	188.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01500	Total Discharges	10,227.	Discharges
00200	HMO and Other	00600	Medicare Inpatient Days	12,445.	Days
00200	HMO and Other	00700	Medicaid Inpatient Days	2,522.	Days
00200	HMO and Other	01300	Medicare Discharges	2,302.	Discharges
00200	HMO and Other	01400	Medicaid Discharges	406.	Discharges
00700	Total Adults and Pediatrics (exclude observation beds)	00200	Number of Beds	155.	Beds
00700	Total Adults and Pediatrics (exclude observation beds)	00300	Days Available	56,575.	Days

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
00700	Total Adults and Pediatrics (exclude observation beds)	00600	Medicare Inpatient Days	16,117.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00700	Medicaid Inpatient Days	1,020.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00800	Total Inpatient Days	36,936.	Days
00800	Intensive Care Unit	00100	Wkst Line No	31.	Line Code
00800	Intensive Care Unit	00200	Number of Beds	44.	Beds
00800	Intensive Care Unit	00300	Days Available	16,060.	Days
00800	Intensive Care Unit	00600	Medicare Inpatient Days	5,194.	Days
00800	Intensive Care Unit	00700	Medicaid Inpatient Days	462.	Days
00800	Intensive Care Unit	00800	Total Inpatient Days	12,918.	Days
00900	Coronary Care Unit	00100	Wkst Line No	32.	Line Code
01000	Burn Intensive Care Unit	00100	Wkst Line No	33.	Line Code
01100	Surgical Intensive Care Unit	00100	Wkst Line No	34.	Line Code
01200	Other Special Care	00100	Wkst Line No	35.	Line Code
01300	Nursery	00100	Wkst Line No	43.	Line Code
01400	Total (see instructions)	00200	Number of Beds	199.	Beds
01400	Total (see instructions)	00300	Days Available	72,635.	Days
01400	Total (see instructions)	00600	Medicare Inpatient Days	21,311.	Days
01400	Total (see instructions)	00700	Medicaid Inpatient Days	1,482.	Days
01400	Total (see instructions)	00800	Total Inpatient Days	49,854.	Days
01400	Total (see instructions)	01000	Employees on Payroll	698.	FTEs
01400	Total (see instructions)	01300	Medicare Discharges	4,388.	Discharges
01400	Total (see instructions)	01400	Medicaid Discharges	188.	Discharges
01400	Total (see instructions)	01500	Total Discharges	10,227.	Discharges
01600	Subprovider - IPF	00100	Wkst Line No	40.	Line Code
01700	Subprovider - IRF	00100	Wkst Line No	41.	Line Code
01800	Subprovider - Other	00100	Wkst Line No	42.	Line Code
01900	Skilled Nursing Facility	00100	Wkst Line No	44.	Line Code
02000	Nursing Facility	00100	Wkst Line No	45.	Line Code
02100	Other Long Term Care	00100	Wkst Line No	46.	Line Code
02200	Home Health Agency	00100	Wkst Line No	101.	Line Code

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S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
1 Part 1 - Statistical Data					
02300	Ambulatory Surgical Center - ASC (Distinct Part)	00100	Wkst Line No	115.	Line Code
02400	Hospice (Distinct Part)	00100	Wkst Line No	116.	Line Code
02410	Hospice (Non-Distinct Part)	00100	Wkst Line No	30.	Line Code
02410	Hospice (Non-Distinct Part)	00800	Total Inpatient Days	29.	Days
02500	Community Mental Health Clinic	00100	Wkst Line No	99.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	88.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	89.	Line Code
02700	Total (Sum Lines 14 to 26)	00200	Number of Beds	199.	Beds
02700	Total (Sum Lines 14 to 26)	01000	Employees on Payroll	698.	FTEs
02800	Observation Bed Days	00700	Medicaid Inpatient Days	522.	Days
02800	Observation Bed Days	00800	Total Inpatient Days	6,697.	Days
03000	Employee Discount Days (See Instructions)	00800	Total Inpatient Days	82.	Days
2 Part 2 - Wage Data					
00100	Total Salaries	00100	Wkst A Line Number	200.	Line Code
00100	Total Salaries	00200	Amount Reported	61,027,402.	
00100	Total Salaries	00400	Adjusted Salaries	61,027,402.	Salaries
00100	Total Salaries	00500	Paid Salary Hours	1,708,531.	Hours
00100	Total Salaries	00600	Average Hourly Amount	35.72	Average
00500	Salaries - Physician - Part B	00200	Amount Reported	184,138.	
00500	Salaries - Physician - Part B	00400	Adjusted Salaries	184,138.	Salaries
00500	Salaries - Physician - Part B	00500	Paid Salary Hours	1,230.	Hours
00500	Salaries - Physician - Part B	00600	Average Hourly Amount	149.71	Average
00700	Salaries - Interns and Residents	00100	Wkst A Line Number	21.	Line Code
00900	Salaries - Skilled Nursing Facility	00100	Wkst A Line Number	44.	Line Code
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00200	Amount Reported	975,405.	
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00400	Adjusted Salaries	975,405.	Salaries
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00500	Paid Salary Hours	13,224.	Hours
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00600	Average Hourly Amount	73.76	Average

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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

S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
2 Part 2 - Wage Data					
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00200	Amount Reported	384,257.	
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00400	Adjusted Salaries	384,257.	Salaries
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00500	Paid Salary Hours	5,343.	Hours
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00600	Average Hourly Amount	71.92	Average
01401		00200	Amount Reported	7,541,587.	
01401		00400	Adjusted Salaries	7,541,587.	Salaries
01401		00500	Paid Salary Hours	207,622.	Hours
01401		00600	Average Hourly Amount	36.32	Average
01700	Wage Related Costs - Core	00200	Amount Reported	14,158,351.	
01700	Wage Related Costs - Core	00400	Adjusted Salaries	14,158,351.	Salaries
02300	Wage Related Cost - Physician Part B	00200	Amount Reported	46,355.	
02300	Wage Related Cost - Physician Part B	00400	Adjusted Salaries	46,355.	Salaries
02550		00200	Amount Reported	1,622,453.	
02550		00400	Adjusted Salaries	1,622,453.	Salaries
02600	Overhead Cost - Employee Benefits	00100	Wkst A Line Number	4.	Line Code
02600	Overhead Cost - Employee Benefits	00200	Amount Reported	333,841.	
02600	Overhead Cost - Employee Benefits	00300	Reclass. Salaries	4,242.	Adjustment
02600	Overhead Cost - Employee Benefits	00400	Adjusted Salaries	338,083.	Salaries
02600	Overhead Cost - Employee Benefits	00500	Paid Salary Hours	9,520.	Hours
02600	Overhead Cost - Employee Benefits	00600	Average Hourly Amount	35.51	Average
02700	Overhead Cost - Administrative & General	00100	Wkst A Line Number	5.	Line Code
02700	Overhead Cost - Administrative & General	00200	Amount Reported	7,161,859.	
02700	Overhead Cost - Administrative & General	00300	Reclass. Salaries	-84,077.	Adjustment
02700	Overhead Cost - Administrative & General	00400	Adjusted Salaries	7,077,782.	Salaries
02700	Overhead Cost - Administrative & General	00500	Paid Salary Hours	156,495.	Hours
02700	Overhead Cost - Administrative & General	00600	Average Hourly Amount	45.23	Average
02800	Overhead Cost - Administrative & General Under Contract	00200	Amount Reported	4,705.	

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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

S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
2 Part 2 - Wage Data					
02800	Overhead Cost - Administrative & General Under Contract	00400	Adjusted Salaries	4,705.	Salaries
02800	Overhead Cost - Administrative & General Under Contract	00500	Paid Salary Hours	69.	Hours
02800	Overhead Cost - Administrative & General Under Contract	00600	Average Hourly Amount	68.19	Average
02900	Overhead Cost - Maintenance and Repairs	00100	Wkst A Line Number	6.	Line Code
03000	Overhead Cost - Operation of Plant	00100	Wkst A Line Number	7.	Line Code
03000	Overhead Cost - Operation of Plant	00200	Amount Reported	831,982.	
03000	Overhead Cost - Operation of Plant	00400	Adjusted Salaries	831,982.	Salaries
03000	Overhead Cost - Operation of Plant	00500	Paid Salary Hours	25,791.	Hours
03000	Overhead Cost - Operation of Plant	00600	Average Hourly Amount	32.26	Average
03100	Overhead Cost - Laundry and Linen Service	00100	Wkst A Line Number	8.	Line Code
03200	Overhead Cost - Housekeeping	00100	Wkst A Line Number	9.	Line Code
03300	Overhead Cost - Housekeeping Under Contract	00200	Amount Reported	1,450,435.	
03300	Overhead Cost - Housekeeping Under Contract	00400	Adjusted Salaries	1,450,435.	Salaries
03300	Overhead Cost - Housekeeping Under Contract	00500	Paid Salary Hours	91,520.	Hours
03300	Overhead Cost - Housekeeping Under Contract	00600	Average Hourly Amount	15.85	Average
03400	Overhead Cost - Dietary	00100	Wkst A Line Number	10.	Line Code
03500	Overhead Cost - Dietary Under Contract	00200	Amount Reported	1,589,887.	
03500	Overhead Cost - Dietary Under Contract	00400	Adjusted Salaries	1,589,887.	Salaries
03500	Overhead Cost - Dietary Under Contract	00500	Paid Salary Hours	89,440.	Hours
03500	Overhead Cost - Dietary Under Contract	00600	Average Hourly Amount	17.78	Average
03600	Overhead Cost - Cafeteria	00100	Wkst A Line Number	11.	Line Code
03700	Overhead Cost - Maintenance of Personnel	00100	Wkst A Line Number	12.	Line Code
03800	Overhead Cost - Nursing Admiistration	00100	Wkst A Line Number	13.	Line Code
03800	Overhead Cost - Nursing Admiistration	00200	Amount Reported	2,198,297.	
03800	Overhead Cost - Nursing Admiistration	00400	Adjusted Salaries	2,198,297.	Salaries
03800	Overhead Cost - Nursing Admiistration	00500	Paid Salary Hours	42,638.	Hours
03800	Overhead Cost - Nursing Admiistration	00600	Average Hourly Amount	51.56	Average
03900	Overhead Cost - Central Services and Supply	00100	Wkst A Line Number	14.	Line Code
03900	Overhead Cost - Central Services and Supply	00200	Amount Reported	1,005,574.	
03900	Overhead Cost - Central Services and Supply	00400	Adjusted Salaries	1,005,574.	Salaries
03900	Overhead Cost - Central Services and Supply	00500	Paid Salary Hours	52,728.	Hours

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

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S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
2 Part 2 - Wage Data					
03900	Overhead Cost - Central Services and Supply	00600	Average Hourly Amount	19.07	Average
04000	Overhead Cost - Pharmacy	00100	Wkst A Line Number	15.	Line Code
04000	Overhead Cost - Pharmacy	00200	Amount Reported	2,643,597.	
04000	Overhead Cost - Pharmacy	00400	Adjusted Salaries	2,643,597.	Salaries
04000	Overhead Cost - Pharmacy	00500	Paid Salary Hours	59,265.	Hours
04000	Overhead Cost - Pharmacy	00600	Average Hourly Amount	44.61	Average
04100	Overhead Cost - Medical Records & Medical Records Library	00100	Wkst A Line Number	16.	Line Code
04100	Overhead Cost - Medical Records & Medical Records Library	00200	Amount Reported	804,430.	
04100	Overhead Cost - Medical Records & Medical Records Library	00400	Adjusted Salaries	804,430.	Salaries
04100	Overhead Cost - Medical Records & Medical Records Library	00500	Paid Salary Hours	26,474.	Hours
04100	Overhead Cost - Medical Records & Medical Records Library	00600	Average Hourly Amount	30.39	Average
04200	Overhead Cost - Social Service	00100	Wkst A Line Number	17.	Line Code
04300	Overhead Cost - Other General Services	00100	Wkst A Line Number	18.	Line Code
3 Part 3 - Hospital Wage Index Summary					
00100	Net Salaries	00200	Amount Reported	63,888,291.	Salaries
00100	Net Salaries	00400	Adjusted Salaries	63,888,291.	Salaries
00100	Net Salaries	00500	Paid Salary Hours	1,888,330.	Hours
00100	Net Salaries	00600	Average Hourly Amount	33.83	Average
00300	Sub Total Salaries (Line 01 Minus 02)	00200	Amount Reported	63,888,291.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00400	Adjusted Salaries	63,888,291.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00500	Paid Salary Hours	1,888,330.	Hours
00300	Sub Total Salaries (Line 01 Minus 02)	00600	Average Hourly Amount	33.83	Average
00400	Sub Total Other Wages and Related Costs	00200	Amount Reported	8,901,249.	Salaries
00400	Sub Total Other Wages and Related Costs	00400	Adjusted Salaries	8,901,249.	Salaries
00400	Sub Total Other Wages and Related Costs	00500	Paid Salary Hours	226,189.	Hours
00400	Sub Total Other Wages and Related Costs	00600	Average Hourly Amount	39.35	Average
00500	Sub Total Wage Related Costs	00200	Amount Reported	15,780,804.	Salaries
00500	Sub Total Wage Related Costs	00400	Adjusted Salaries	15,780,804.	Salaries
00500	Sub Total Wage Related Costs	00600	Average Hourly Amount	24.70	Average

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

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
3	Part 3 - Hospital Wage Index Summary				
00600	Total (Sum of Lines 03 to 05)	00200	Amount Reported	88,570,344.	Salaries
00600	Total (Sum of Lines 03 to 05)	00400	Adjusted Salaries	88,570,344.	Salaries
00600	Total (Sum of Lines 03 to 05)	00500	Paid Salary Hours	2,114,519.	Hours
00600	Total (Sum of Lines 03 to 05)	00600	Average Hourly Amount	41.89	Average
00700	Total Overhead Cost (See Instructions)	00200	Amount Reported	18,024,607.	Salaries
00700	Total Overhead Cost (See Instructions)	00300	Reclass. Salaries	-79,835.	Salaries
00700	Total Overhead Cost (See Instructions)	00400	Adjusted Salaries	17,944,772.	Salaries
00700	Total Overhead Cost (See Instructions)	00500	Paid Salary Hours	553,940.	Hours
00700	Total Overhead Cost (See Instructions)	00600	Average Hourly Amount	32.39	Average
4	Part 4 - Core List				
00100	Retirement - 401K Employer Contributions	00100	Amount	1,157,579.	
00802		00100	Amount	8,174,540.	
01500	Workers Compensation Insurance	00100	Amount	619,637.	
01700	FICA-Employers Portion Only	00100	Amount	4,186,139.	
01900	Unemployment Insurance	00100	Amount	44,100.	
02000	State or Federal Unemployment Taxes	00100	Amount	7,087.	
02300	Tuition Reimbursement	00100	Amount	15,624.	
02400	Total Wage Related Cost (Sum lines 01-23)	00100	Amount	14,204,706.	
5	Part 3 - Contract Labor and Benefit Cost				
00100	Total Facility Contract Labor and Benefit Cost	00100	Contract Labor	975,405.	
00100	Total Facility Contract Labor and Benefit Cost	00200	Benefit Cost	14,158,351.	
00200	Hospital	00100	Contract Labor	975,405.	
00200	Hospital	00200	Benefit Cost	14,158,351.	

100253 JUPITER MEDICAL CENTER JUPITER, FL 33458

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

S00	Wkst S Hospital and Hospital Healthcare Complex Cost Report Certification and Settlement Summary				
1	Part 1 - Cost Report Status				
00100	Electronically Filed Cost Report?	00100	Information		X
00400	Medicare Utilization - F for 'Full' and L for 'Low'	00100	Information		F
00500	Cost Report Status (1-Submitted 2-Settled 3-Audited 4-Reopened 5-Amended)	00100	Information		1

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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

S00	Wkst S Hospital and Hospital Healthcare Complex Cost Report Certification and Settlement Summary				
1	Part 1 - Cost Report Status				
00600	FI Received Date	00200	Information	02/27/2020	
00700	Fiscal Intermediary Number	00200	Information	09001	
00800	Initial Cost Report for this Provider CCN?	00200	Information	N	
00900	Final Cost Report for this Provider CCN?	00200	Information	N	
01100	Contractor Vendor Code	00300	Information	4	
3	Part 3 - Settlement Summary				
00100	Hospital	00200	Medicare - Part A	20,649.	
00100	Hospital	00300	Medicare - Part B	33,848.	
00100	Hospital	00500	Medicaid	-722,210.	
20000	Total Settlement Summary	00200	Medicare - Part A	20,649.	
20000	Total Settlement Summary	00300	Medicare - Part B	33,848.	
20000	Total Settlement Summary	00500	Medicaid	-722,210.	
S10	Wkst S-10 Hospital Uncompensated and Indigent Care Data				
00100	Cost to Charge Ratio (Worksheet C Part 1 Line 200 Col 3 Divided by Line 200 Col 8)	00100	Amounts	0.192911	CC Ratio
00200	Net Revenue From Medicaid	00100	Amounts	3,907,387.	
00600	Medicaid Charges	00100	Amounts	44,747,773.	Charges
00700	Medicaid Cost (Line 01 Times Line 06)	00100	Amounts	8,632,338.	Cost
00800	Difference Between Net Revenue and Cost For Medicaid Program (Line 02 Plus Line 05 Minus Line 07)	00100	Amounts	4,724,951.	
01900	Total Unreimbursed Cost From Medicaid, SCHIP, and State and Local Indigent Care Programs (Sum of Lines 08, 12 and 16)	00100	Amounts	4,724,951.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00100	Uninsured Patients	10,430,872.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00300	Total (Col 01 & 02)	10,430,872.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00100	Uninsured Patients	2,012,230.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00300	Total (Col 01 & 02)	2,012,230.	
02300	Cost of Charity Care (Line 21 Minus 22)	00100	Uninsured Patients	2,012,230.	
02300	Cost of Charity Care (Line 21 Minus 22)	00300	Total (Col 01 & 02)	2,012,230.	

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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

S10	Wkst S-10 Hospital Uncompensated and Indigent Care Data				
02400	Does the Amount in Line 20, Col 2 Include Charges for Patient Days Beyond a Length of Stay Limit for Medicaid Patients	00100	Amounts		N
02600	Total Bad Debt Expense For the Entire Hospital Complex (See Instructions)	00100	Amounts	20,740,402.	
02700	Medicare Bad Debts For the Entire Hospital Complex (See Instructions)	00100	Amounts	99,991.	
02701		00100	Amounts	153,833.	
02800	Non-Medicare and Non-Reimbursable Bad Debt Expense (Line 26 Minus Line 27)	00100	Amounts	20,586,569.	
02900	Cost of Non-Medicare Bad Debt Expense (Line 01 Times Line 28)	00100	Amounts	4,025,218.	
03000	Cost of Non-Medicare Uncompensated Care (Line 23 Col 03 Plus Line 29)	00100	Amounts	6,037,448.	
03100	Total Unreimbursed and Uncompensated Care Cost (Line 19 Plus Line 30)	00100	Amounts	10,762,399.	
S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
00300	Hospital	00200	CCN Number	100253	
00300	Hospital	00300	CBSA Number	48424	
00300	Hospital	00400	Provider Type	1.	
00300	Hospital	00500	Date Certified	07/01/1966	
00300	Hospital	00600	Payment - Title 5	N	
00300	Hospital	00700	Payment - Medicare	P	
00300	Hospital	00800	Payment - Medicaid	P	
02000	Cost Reporting Period	00100	Rept Period - From	10/01/2018	Date
02000	Cost Reporting Period	00200	Rept Period - To	09/30/2019	Date
02100	Type of Control	00100	Provider Type	2	Code
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00100	Question	N	Answer
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00200	Question	N	Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00100	Question	N	Answer

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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

S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00200	Question		N Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00100	Question		N Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00200	Question		N Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00100	Question		N Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00200	Question		N Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00300	Question		Y Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00100	Question		1. Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00200	Question		N Answer
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00100	State Medicaid Paid	1,099.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00200	State Medicaid Elig	277.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00500	Medicaid HMO	2,254.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00600	Other Medicaid	54.	Days
02600	Geographic Classification - Enter you standard geographic classification status at the beginning of the CR period.	00100	Geographic Location	1.	Urban/Rur a

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
1	Part 1 - Complex Identification Data				
02700	Geographic Classification - Enter you standard geographic classification status at the end of the CR period.	00100	Geographic Location		1. Urban/Rur a
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00100	Answer - Part 1		N Answer
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00200	Answer - Part 2		N Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00100	Discharges before 10-1		N Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00200	Discharges after 10-1		N Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00100	Title 5		N Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00200	Medicare		Y Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00300	Medicaid		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00100	Title 5		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00200	Medicare		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00300	Medicaid		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00100	Title 5		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00200	Medicare		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00300	Medicaid		N Answer

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
1	Part 1 - Complex Identification Data				
04800	Is the facility electing full federal capital payment?	00100	Title 5		N Answer
04800	Is the facility electing full federal capital payment?	00200	Medicare		N Answer
04800	Is the facility electing full federal capital payment?	00300	Medicaid		N Answer
05600	Is this a teaching hospital involved in training residents in approved GME programs?	00100	Question		N Answer
05800	If line 56 is yes, did the facility elect cost reimbursement for physicians services as defined by CMS 15-1 section 2148?	00100	Question		N Answer
05900	Are costs claimed cost on Worksheet A line 100? If yes, complete D-2 Part 1	00100	Question		N Answer
06000	Are you claiming nursing school and allied health costs for a program that meets the provider criteria under 413.85?	00100	Question		N Answer
06100	Did your facility receive additional FTE slots uner ACA section 5503?	00100	Question		N Answer
06300	Has your facility trained residents in non-provider settings during the cost reporting period?	00100	Question		N Answer
07000	Is this facility an Inpatient Psychiatric Facility (IPF), or do you contain an IPF subprovider?	00100	Question		N Answer
07500	Is this facility an Inpatient Rehabilitation Facility (IRF) or do you contain an IRF subprovider?	00100	Question		N Answer
08000	Is this a Long Term Care Hospital?	00100	Question		N Answer
08100	Line missing from Documentation.	00100	Question		N Answer
08500	Is this a new hospital under 42 CFR 413.40 TEFRA?	00100	Question		N Answer
08700	Is this hospital a 'Subclause (II)' LTCH classified under 1886(d)(B)(iv)(II)?	00100	Question		N Answer
09000	Does this facility have title 5 and/or title 19 inpatient hospital services?	00100	Title 5		N Answer
09000	Does this facility have title 5 and/or title 19 inpatient hospital services?	00200	Medicaid		Y Answer
09100	Is this hospital reimbrused for title 5 and/or title 19 through the cost report either in full or part?	00100	Title 5		N Answer

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
1	Part 1 - Complex Identification Data				
09100	Is this hospital reimbrused for title 5 and/or title 19 through the cost report either in full or part?	00200	Medicaid		Y Answer
09200	Are Title 19 NF patients occupying Title 18 SNF beds (dual certification)?	00200	Medicaid		N Answer
09300	Does this facility operate an ICF/MR facility for purposes of Title 5 or 19?	00100	Title 5		N Answer
09300	Does this facility operate an ICF/MR facility for purposes of Title 5 or 19?	00200	Medicaid		N Answer
09400	Does title 5 or title 19 program reduce capital cost?	00100	Title 5		N Answer
09400	Does title 5 or title 19 program reduce capital cost?	00200	Medicaid		N Answer
09600	Does title 5 or title 19 reduce operating cost?	00100	Title 5		N Answer
09600	Does title 5 or title 19 reduce operating cost?	00200	Medicaid		N Answer
09800	N	00100	Component Name		
09800		00200	CCN Number		N
09801	N	00100	Component Name		
09801		00200	CCN Number		Y
09802	N	00100	Component Name		
09802		00200	CCN Number		Y
09803	N	00100	Component Name		
09803		00200	CCN Number		N
09804	N	00100	Component Name		
09804		00200	CCN Number		N
09805	N	00100	Component Name		
09805		00200	CCN Number		N
09806	N	00100	Component Name		
09806		00200	CCN Number		N
10500	Does this hospital qualify as a Critical Access Hospital(CAH)?	00100	Question		N Answer
10800	Is this a rural hospital qualifying for an exception to the CRNA fee schedule?	00100	Question		N Answer
11000	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reportin	00100	Question		N Answer
11100	N	00100	Component Name		

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Line Line Description Col Column Desc Line Value Type
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S20 Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
11500	Is this an all inclusive rate provider?	00100	Question		N Answer
11600	Are you classified as a referral center?	00100	Question		N Answer
11700	Is this facility legally required to carry malpractice insurance?	00100	Malpractice Ins		Y Answer
11800	Is the malpractice insurance a claims-made or occurrence policy?	00100	Question		1. Answer
11801	List amounts of malpractice premiums and paid losses	00100	Premiums	808,656.	Amount
11801	List amounts of malpractice premiums and paid losses	00200	Paid Losses	5,011,910.	Amount
11802	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General?	00100	Question		N Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00100	Question		N Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00200	Rural Hospital		N Answer
12100	Did this facility incur and report cost for the high cost implantable devices charged to patients?	00100	Question		Y Answer
12200	Does this cost report contain state health or similar taxes?	00100	Question		Y Answer
12200	Does this cost report contain state health or similar taxes?	00200	CCN Number		5. Answer
12500	Does this facility operate a transplant center? Yes or No and enter certification date.	00100	Question		N Answer
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00100	Question		N Answer
14400	Are provider based physicians cost included in Worksheet A?	00100	Question		Y Answer
14600	Has the cost allocation methodology changed from the previously filed cost report?	00100	Question		N Answer
14700	Was there a change in the statistical basis?	00100	Question		N Answer
14800	Was there a change in the order of allocation?	00100	Question		N Answer
14900	Was the change to the simplified cost finding method?	00100	Question		N Answer

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00100	Medicare Part A		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00200	Medicare Part B		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00300	Title V		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00400	Medicaid		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	CBSA Number		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Provider Type		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	Title V		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Medicaid		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00200	Medicare Part B		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00300	Title V		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00400	Medicaid		N Answer
16500	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs?	00100	Question		N Answer
16700	Is this provider a meaningful user under 1886 (n)?	00100	Question		Y Answer
17100	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on	00100	Question		N Answer

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
2	Part 2 - Reimbursement Questionnaire				
00100	Has the provider changed ownership immediately prior to the beginning of the cost report period?	00100	Question		N
00200	Has the provider terminated participation in the Medicare Program?	00100	Question		N
00300	Is the provider involved in business transactions with individuals or entities that are related to the provider?	00100	Question		N Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00100	Question		Y Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00200	Type of Statements		A Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00300	Date Available	02/01/2020	Answer
00500	Are the cost report total expenses and total revenues different from those on filed financial statements?	00100	Question		N Answer
00600	Were cost claimed for nursing school?	00100	Question		N Answer
00700	Were cost claimed for allied health programs?	00100	Question		N Answer
00800	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	00100	Question		N Answer
00900	Are cost claimed for Intern-Resident programs claimed on the current cost report?	00100	Question		N Answer
01000	Was an Intern-Resident program initiated or renewed in the current cost reporting period?	00100	Question		N Answer
01100	Are GME cost directly assigned to cost centers other than I&R in an Approved Teaching Program on Worksheet A?	00100	Question		N Answer
01200	Is the provider seeking reimbursement for bad debts?	00100	Question		Y Answer
01300	If line 12 is yes, did the provider's bad debt collection policy change during the cost reporting period?	00100	Question		N Answer
01400	If line 12 is yes, are patient deductibles and/or co-payments waived?	00100	Question		N Answer
01500	Have total beds available changed from prior cost reporting period?	00100	Question		N Answer

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100253	JUPITER MEDICAL CENTER JUPITER, FL 33458				

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
2	Part 2 - Reimbursement Questionnaire				
01600	Was the cost report prepared using the PS&R only?	00100	Part A - Question		Y Answer
01600	Was the cost report prepared using the PS&R only?	00200	Part A - Date	10/23/2019	Answer
01600	Was the cost report prepared using the PS&R only?	00300	Part B - Question		Y Answer
01600	Was the cost report prepared using the PS&R only?	00400	Part B - Date	10/23/2019	Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00100	Part A - Question		N Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00300	Part B - Question		N Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additioanl claims that have been billed but not included on t	00100	Information		N Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additioanl claims that have been billed but not included on t	00300	Information		N Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00100	Information		N Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00300	Information		N Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00100	Information		N Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00300	Information		N Answer
02100	Was the cost report prepared only using the provider's records?	00100	Information		N Answer
02100	Was the cost report prepared only using the provider's records?	00300	Information		N Answer
02200	Have assets been relifed for Medicare purposes?	00100	Question		N Answer
02300	Have changes ocured in the Medicare depreciation expense due to appraisal made during the cost report period?	00100	Question		N Answer

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100253	JUPITER MEDICAL CENTER JUPITER, FL 33458				

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00600	Medicare Inpatient Days	17,114.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00700	Medicaid Inpatient Days	844.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00800	Total Inpatient Days	42,133.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01300	Medicare Discharges	4,683.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01400	Medicaid Discharges	384.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01500	Total Discharges	13,599.	Discharges
00200	HMO and Other	00700	Medicaid Inpatient Days	2,487.	Days
00200	HMO and Other	01400	Medicaid Discharges	470.	Discharges
00700	Total Adults and Pediatrics (exclude observation beds)	00200	Number of Beds	190.	Beds
00700	Total Adults and Pediatrics (exclude observation beds)	00300	Days Available	69,350.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00600	Medicare Inpatient Days	17,114.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00700	Medicaid Inpatient Days	844.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00800	Total Inpatient Days	42,133.	Days
00800	Intensive Care Unit	00100	Wkst Line No	31.	Line Code
00800	Intensive Care Unit	00200	Number of Beds	17.	Beds
00800	Intensive Care Unit	00300	Days Available	6,205.	Days
00800	Intensive Care Unit	00600	Medicare Inpatient Days	3,707.	Days
00800	Intensive Care Unit	00700	Medicaid Inpatient Days	115.	Days
00800	Intensive Care Unit	00800	Total Inpatient Days	5,745.	Days
00900	Coronary Care Unit	00100	Wkst Line No	32.	Line Code
01000	Burn Intensive Care Unit	00100	Wkst Line No	33.	Line Code
01100	Surgical Intensive Care Unit	00100	Wkst Line No	34.	Line Code
01200	Other Special Care	00100	Wkst Line No	35.	Line Code
01300	Nursery	00100	Wkst Line No	43.	Line Code
01300	Nursery	00700	Medicaid Inpatient Days	238.	Days

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
01300	Nursery	00800	Total Inpatient Days	3,299.	Days
01400	Total (see instructions)	00200	Number of Beds	207.	Beds
01400	Total (see instructions)	00300	Days Available	75,555.	Days
01400	Total (see instructions)	00600	Medicare Inpatient Days	20,821.	Days
01400	Total (see instructions)	00700	Medicaid Inpatient Days	1,197.	Days
01400	Total (see instructions)	00800	Total Inpatient Days	51,177.	Days
01400	Total (see instructions)	01000	Employees on Payroll	1,280.72	FTEs
01400	Total (see instructions)	01300	Medicare Discharges	4,683.	Discharges
01400	Total (see instructions)	01400	Medicaid Discharges	384.	Discharges
01400	Total (see instructions)	01500	Total Discharges	13,599.	Discharges
01600	Subprovider - IPF	00100	Wkst Line No	40.	Line Code
01700	Subprovider - IRF	00100	Wkst Line No	41.	Line Code
01800	Subprovider - Other	00100	Wkst Line No	42.	Line Code
01900	Skilled Nursing Facility	00100	Wkst Line No	44.	Line Code
02000	Nursing Facility	00100	Wkst Line No	45.	Line Code
02100	Other Long Term Care	00100	Wkst Line No	46.	Line Code
02200	Home Health Agency	00100	Wkst Line No	101.	Line Code
02300	Ambulatory Surgical Center - ASC (Distinct Part)	00100	Wkst Line No	115.	Line Code
02400	Hospice (Distinct Part)	00100	Wkst Line No	116.	Line Code
02410	Hospice (Non-Distinct Part)	00100	Wkst Line No	30.	Line Code
02500	Community Mental Health Clinic	00100	Wkst Line No	99.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	88.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	89.	Line Code
02700	Total (Sum Lines 14 to 26)	00200	Number of Beds	207.	Beds
02700	Total (Sum Lines 14 to 26)	01000	Employees on Payroll	1,280.72	FTEs
02800	Observation Bed Days	00800	Total Inpatient Days	4,818.	Days
03200	Labor and Delivery Days	00700	Medicaid Inpatient Days	141.	Days
03200	Labor and Delivery Days	00800	Total Inpatient Days	556.	Days
2	Part 2 - Wage Data				
00100	Total Salaries	00100	Wkst A Line Number	200.	Line Code
00100	Total Salaries	00200	Amount Reported	90,792,797.	

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
02700	Overhead Cost - Administrative & General	00200	Amount Reported	20,762,422.	
02700	Overhead Cost - Administrative & General	00400	Adjusted Salaries	20,762,422.	Salaries
02700	Overhead Cost - Administrative & General	00500	Paid Salary Hours	542,385.	Hours
02700	Overhead Cost - Administrative & General	00600	Average Hourly Amount	38.28	Average
02800	Overhead Cost - Administrative & General Under Contract	00200	Amount Reported	3,850,006.	
02800	Overhead Cost - Administrative & General Under Contract	00400	Adjusted Salaries	3,850,006.	Salaries
02800	Overhead Cost - Administrative & General Under Contract	00500	Paid Salary Hours	53,254.	Hours
02800	Overhead Cost - Administrative & General Under Contract	00600	Average Hourly Amount	72.30	Average
02900	Overhead Cost - Maintenance and Repairs	00100	Wkst A Line Number	6.	Line Code
03000	Overhead Cost - Operation of Plant	00100	Wkst A Line Number	7.	Line Code
03000	Overhead Cost - Operation of Plant	00200	Amount Reported	888,900.	
03000	Overhead Cost - Operation of Plant	00400	Adjusted Salaries	888,900.	Salaries
03000	Overhead Cost - Operation of Plant	00500	Paid Salary Hours	31,552.	Hours
03000	Overhead Cost - Operation of Plant	00600	Average Hourly Amount	28.17	Average
03100	Overhead Cost - Laundry and Linen Service	00100	Wkst A Line Number	8.	Line Code
03200	Overhead Cost - Housekeeping	00100	Wkst A Line Number	9.	Line Code
03200	Overhead Cost - Housekeeping	00200	Amount Reported	420,117.	
03200	Overhead Cost - Housekeeping	00400	Adjusted Salaries	420,117.	Salaries
03200	Overhead Cost - Housekeeping	00500	Paid Salary Hours	29,097.	Hours
03200	Overhead Cost - Housekeeping	00600	Average Hourly Amount	14.44	Average
03300	Overhead Cost - Housekeeping Under Contract	00200	Amount Reported	1,437,263.	
03300	Overhead Cost - Housekeeping Under Contract	00400	Adjusted Salaries	1,437,263.	Salaries
03300	Overhead Cost - Housekeeping Under Contract	00500	Paid Salary Hours	90,860.	Hours
03300	Overhead Cost - Housekeeping Under Contract	00600	Average Hourly Amount	15.82	Average
03400	Overhead Cost - Dietary	00100	Wkst A Line Number	10.	Line Code
03400	Overhead Cost - Dietary	00200	Amount Reported	319,165.	
03400	Overhead Cost - Dietary	00300	Reclass. Salaries	-161,561.	Adjustment
03400	Overhead Cost - Dietary	00400	Adjusted Salaries	157,604.	Salaries
03400	Overhead Cost - Dietary	00500	Paid Salary Hours	9,598.	Hours

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S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
2 Part 2 - Wage Data					
03400	Overhead Cost - Dietary	00600	Average Hourly Amount	16.42	Average
03500	Overhead Cost - Dietary Under Contract	00200	Amount Reported	2,232,686.	
03500	Overhead Cost - Dietary Under Contract	00400	Adjusted Salaries	2,232,686.	Salaries
03500	Overhead Cost - Dietary Under Contract	00500	Paid Salary Hours	107,406.	Hours
03500	Overhead Cost - Dietary Under Contract	00600	Average Hourly Amount	20.79	Average
03600	Overhead Cost - Cafeteria	00100	Wkst A Line Number	11.	Line Code
03600	Overhead Cost - Cafeteria	00300	Reclass. Salaries	161,561.	Adjustment
03600	Overhead Cost - Cafeteria	00400	Adjusted Salaries	161,561.	Salaries
03600	Overhead Cost - Cafeteria	00500	Paid Salary Hours	9,840.	Hours
03600	Overhead Cost - Cafeteria	00600	Average Hourly Amount	16.42	Average
03700	Overhead Cost - Maintenance of Personnel	00100	Wkst A Line Number	12.	Line Code
03800	Overhead Cost - Nursing Admiistration	00100	Wkst A Line Number	13.	Line Code
03800	Overhead Cost - Nursing Admiistration	00200	Amount Reported	3,622,075.	
03800	Overhead Cost - Nursing Admiistration	00400	Adjusted Salaries	3,622,075.	Salaries
03800	Overhead Cost - Nursing Admiistration	00500	Paid Salary Hours	86,704.	Hours
03800	Overhead Cost - Nursing Admiistration	00600	Average Hourly Amount	41.78	Average
03900	Overhead Cost - Central Services and Supply	00100	Wkst A Line Number	14.	Line Code
03900	Overhead Cost - Central Services and Supply	00200	Amount Reported	1,168,603.	
03900	Overhead Cost - Central Services and Supply	00400	Adjusted Salaries	1,168,603.	Salaries
03900	Overhead Cost - Central Services and Supply	00500	Paid Salary Hours	54,197.	Hours
03900	Overhead Cost - Central Services and Supply	00600	Average Hourly Amount	21.56	Average
04000	Overhead Cost - Pharmacy	00100	Wkst A Line Number	15.	Line Code
04000	Overhead Cost - Pharmacy	00200	Amount Reported	2,448,178.	
04000	Overhead Cost - Pharmacy	00400	Adjusted Salaries	2,448,178.	Salaries
04000	Overhead Cost - Pharmacy	00500	Paid Salary Hours	56,631.	Hours
04000	Overhead Cost - Pharmacy	00600	Average Hourly Amount	43.23	Average
04100	Overhead Cost - Medical Records & Medical Records Library	00100	Wkst A Line Number	16.	Line Code
04100	Overhead Cost - Medical Records & Medical Records Library	00200	Amount Reported	1,400,374.	
04100	Overhead Cost - Medical Records & Medical Records Library	00400	Adjusted Salaries	1,400,374.	Salaries

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
04100	Overhead Cost - Medical Records & Medical Records Library	00500	Paid Salary Hours	56,494.	Hours
04100	Overhead Cost - Medical Records & Medical Records Library	00600	Average Hourly Amount	24.79	Average
04200	Overhead Cost - Social Service	00100	Wkst A Line Number	17.	Line Code
04300	Overhead Cost - Other General Services	00100	Wkst A Line Number	18.	Line Code
3	Part 3 - Hospital Wage Index Summary				
00100	Net Salaries	00200	Amount Reported	98,312,752.	Salaries
00100	Net Salaries	00400	Adjusted Salaries	98,312,752.	Salaries
00100	Net Salaries	00500	Paid Salary Hours	2,915,410.	Hours
00100	Net Salaries	00600	Average Hourly Amount	33.72	Average
00200	Excluded Area Salaries	00200	Amount Reported	941,872.	Salaries
00200	Excluded Area Salaries	00400	Adjusted Salaries	941,872.	Salaries
00200	Excluded Area Salaries	00500	Paid Salary Hours	22,822.	Hours
00200	Excluded Area Salaries	00600	Average Hourly Amount	41.27	Average
00300	Sub Total Salaries (Line 01 Minus 02)	00200	Amount Reported	97,370,880.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00400	Adjusted Salaries	97,370,880.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00500	Paid Salary Hours	2,892,588.	Hours
00300	Sub Total Salaries (Line 01 Minus 02)	00600	Average Hourly Amount	33.66	Average
00400	Sub Total Other Wages and Related Costs	00200	Amount Reported	6,244,188.	Salaries
00400	Sub Total Other Wages and Related Costs	00400	Adjusted Salaries	6,244,188.	Salaries
00400	Sub Total Other Wages and Related Costs	00500	Paid Salary Hours	97,295.	Hours
00400	Sub Total Other Wages and Related Costs	00600	Average Hourly Amount	64.18	Average
00500	Sub Total Wage Related Costs	00200	Amount Reported	15,171,449.	Salaries
00500	Sub Total Wage Related Costs	00400	Adjusted Salaries	15,171,449.	Salaries
00500	Sub Total Wage Related Costs	00600	Average Hourly Amount	15.58	Average
00600	Total (Sum of Lines 03 to 05)	00200	Amount Reported	118,786,517.	Salaries
00600	Total (Sum of Lines 03 to 05)	00400	Adjusted Salaries	118,786,517.	Salaries
00600	Total (Sum of Lines 03 to 05)	00500	Paid Salary Hours	2,989,883.	Hours
00600	Total (Sum of Lines 03 to 05)	00600	Average Hourly Amount	39.73	Average
00700	Total Overhead Cost (See Instructions)	00200	Amount Reported	39,605,340.	Salaries
00700	Total Overhead Cost (See Instructions)	00400	Adjusted Salaries	39,605,340.	Salaries
00700	Total Overhead Cost (See Instructions)	00500	Paid Salary Hours	1,157,080.	Hours
00700	Total Overhead Cost (See Instructions)	00600	Average Hourly Amount	34.23	Average

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
4	Part 4 - Core List				
00100	Retirement - 401K Employer Contributions	00100	Amount	1,079,704.	
00400	Retirement - Qualified Defined Benefit Plan Cost	00100	Amount	1,573,241.	
00802		00100	Amount	3,071,796.	
00900	Prescription Drug Plan	00100	Amount	2,014,100.	
01100	Life Insurance (If Employee Is Owner or Beneficiary)	00100	Amount	79,969.	
01400	Long-Term Care Insurance (If Employee Is Owner or Beneficiary)	00100	Amount	55,745.	
01500	Workers Compensation Insurance	00100	Amount	206,110.	
01700	FICA-Employers Portion Only	00100	Amount	7,201,508.	
01900	Unemployment Insurance	00100	Amount	-3,946.	
02300	Tuition Reimbursement	00100	Amount	52,260.	
02400	Total Wage Related Cost (Sum lines 01-23)	00100	Amount	15,330,487.	
5	Part 3 - Contract Labor and Benefit Cost				
00100	Total Facility Contract Labor and Benefit Cost	00100	Contract Labor	5,115,734.	
00100	Total Facility Contract Labor and Benefit Cost	00200	Benefit Cost	15,330,487.	
00200	Hospital	00100	Contract Labor	5,115,734.	
00200	Hospital	00200	Benefit Cost	15,330,487.	

100258 DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484

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

S00	Wkst S Hospital and Hospital Healthcare Complex Cost Report Certification and Settlement Summary				
1	Part 1 - Cost Report Status				
00100	Electronically Filed Cost Report?	00100	Information		X
00400	Medicare Utilization - F for 'Full' and L for 'Low'	00100	Information		F
00500	Cost Report Status (1-Submitted 2-Settled 3-Audited 4-Reopened 5-Amended)	00100	Information		1
00600	FI Received Date	00200	Information	06/01/2020	
00700	Fiscal Intermediary Number	00200	Information	04011	
00800	Initial Cost Report for this Provider CCN?	00200	Information		N
00900	Final Cost Report for this Provider CCN?	00200	Information		N
01100	Contractor Vendor Code	00300	Information		4

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Line 100258 DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484

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

S10	Wkst S-10 Hospital Uncompensated and Indigent Care Data				
01400	Charges from Patient Covered Under State or Local Indigent Care Program (Not Included in Lines 06 or 10)	00100	Amounts	59,174,677.	Charges
01500	State or Local Indigent Care Program Cost (Line 01 Times Line 14)	00100	Amounts	5,125,711.	
01600	Difference Between Net Revenue and Costs for State or Local Indigent Care Program (Line 13 Minus Line 15)	00100	Amounts	1,282,773.	
01900	Total Unreimbursed Cost From Medicaid, SCHIP, and State and Local Indigent Care Programs (Sum of Lines 08, 12 and 16)	00100	Amounts	13,869,901.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00100	Uninsured Patients	116,606,799.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00200	Insured Patients	60,219.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00300	Total (Col 01 & 02)	116,667,018.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00100	Uninsured Patients	10,100,481.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00200	Insured Patients	57,747.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00300	Total (Col 01 & 02)	10,158,228.	
02200	Partial Payment by Patients Approved for Charity Care	00100	Uninsured Patients	14,017.	
02200	Partial Payment by Patients Approved for Charity Care	00300	Total (Col 01 & 02)	14,017.	
02300	Cost of Charity Care (Line 21 Minus 22)	00100	Uninsured Patients	10,086,464.	
02300	Cost of Charity Care (Line 21 Minus 22)	00200	Insured Patients	57,747.	
02300	Cost of Charity Care (Line 21 Minus 22)	00300	Total (Col 01 & 02)	10,144,211.	
02400	Does the Amount in Line 20, Col 2 Include Charges for Patient Days Beyond a Length of Stay Limit for Medicaid Patients	00100	Amounts		Y
02500	If Line 24 is Yes, Enter Charges for Patient Days Beyond as Indigent Care Programs's Length of Stay Limit (See Instructions)	00100	Amounts	2,706.	
02600	Total Bad Debt Expense For the Entire Hospital Complex (See Instructions)	00100	Amounts	28,624,940.	
02700	Medicare Bad Debts For the Entire Hospital Complex (See Instructions)	00100	Amounts	783,909.	

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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

S10 Wkst S-10 Hospital Uncompensated and Indigent Care Data					
02701		00100	Amounts	1,206,014.	
02800	Non-Medicare and Non-Reimbursable Bad Debt Expense (Line 26 Minus Line 27)	00100	Amounts	27,418,926.	
02900	Cost of Non-Medicare Bad Debt Expense (Line 01 Times Line 28)	00100	Amounts	2,797,132.	
03000	Cost of Non-Medicare Uncompensated Care (Line 23 Col 03 Plus Line 29)	00100	Amounts	12,941,343.	
03100	Total Unreimbursed and Uncompensated Care Cost (Line 19 Plus Line 30)	00100	Amounts	26,811,244.	
S20 Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
00300	Hospital	00200	CCN Number	100258	
00300	Hospital	00300	CBSA Number	48424	
00300	Hospital	00400	Provider Type	1.	
00300	Hospital	00500	Date Certified	04/04/1982	
00300	Hospital	00600	Payment - Title 5	N	
00300	Hospital	00700	Payment - Medicare	P	
00300	Hospital	00800	Payment - Medicaid	O	
00400	FAIR OAKS PSYCH AT DELRAY	00100	Component Name		
00400	Subprovider - IPF	00200	CCN Number	10S258	
00400	Subprovider - IPF	00300	CBSA Number	48424	
00400	Subprovider - IPF	00400	Provider Type	4.	
00400	Subprovider - IPF	00500	Date Certified	06/01/1999	
00400	Subprovider - IPF	00600	Payment - Title 5	N	
00400	Subprovider - IPF	00700	Payment - Medicare	P	
00400	Subprovider - IPF	00800	Payment - Medicaid	O	
00500	PINECREST REHAB	00100	Component Name		
00500	Subprovider - IRF	00200	CCN Number	10T258	
00500	Subprovider - IRF	00300	CBSA Number	48424	
00500	Subprovider - IRF	00400	Provider Type	5.	
00500	Subprovider - IRF	00500	Date Certified	06/01/2007	
00500	Subprovider - IRF	00600	Payment - Title 5	N	
00500	Subprovider - IRF	00700	Payment - Medicare	P	
00500	Subprovider - IRF	00800	Payment - Medicaid	O	
02000	Cost Reporting Period	00100	Rept Period - From	01/01/2019	Date

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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

S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
02000	Cost Reporting Period	00200	Rept Period - To	12/31/2019	Date
02100	Type of Control	00100	Provider Type	4	Code
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00100	Question	N	Answer
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00200	Question	N	Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00100	Question	N	Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00200	Question	N	Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00100	Question	N	Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00200	Question	N	Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00100	Question	N	Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00200	Question	N	Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00300	Question	N	Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00100	Question	3.	Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00200	Question	N	Answer
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00100	State Medicaid Paid	3,989.	Days

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
1	Part 1 - Complex Identification Data				
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00500	Medicaid HMO	4,300.	Days
02500	If line 22 is 'yes' and this provider is an IRF then enter the in-state Medicaid paid days.	00100	State Medicaid Paid	119.	Days
02500	If line 22 is 'yes' and this provider is an IRF then enter the in-state Medicaid paid days.	00500	Medicaid HMO	36.	Days
02600	Geographic Classification - Enter you standard geographic classification status at the beginning of the CR period.	00100	Geographic Location	1.	Urban/Rur a
02700	Geographic Classification - Enter you standard geographic classification status at the end of the CR period.	00100	Geographic Location	1.	Urban/Rur a
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00100	Answer - Part 1	N	Answer
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00200	Answer - Part 2	N	Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00100	Discharges before 10-1	N	Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00200	Discharges after 10-1	N	Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00100	Title 5	N	Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00200	Medicare	Y	Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00300	Medicaid	N	Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00100	Title 5	N	Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00200	Medicare	N	Answer

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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
S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
1	Part 1 - Complex Identification Data				
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00300	Medicaid		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00100	Title 5		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00200	Medicare		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00300	Medicaid		N Answer
04800	Is the facility electing full federal capital payment?	00100	Title 5		N Answer
04800	Is the facility electing full federal capital payment?	00200	Medicare		N Answer
04800	Is the facility electing full federal capital payment?	00300	Medicaid		N Answer
05600	Is this a teaching hospital involved in training residents in approved GME programs?	00100	Question		Y Answer
05700	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs are trained at thi	00100	Question		N Answer
05800	If line 56 is yes, did the facility elect cost reimbursement for physicians services as defined by CMS 15-1 section 2148?	00100	Question		N Answer
05900	Are costs claimed cost on Worksheet A line 100? If yes, complete D-2 Part 1	00100	Question		N Answer
06000	Are you claiming nursing school and allied health costs for a program that meets the provider criteria under 413.85?	00100	Question		N Answer
06100	Did your facility receive additional FTE slots uner ACA section 5503?	00100	Question		N Answer
06300	Has your facility trained residents in non-provider settings during the cost reporting period?	00100	Question		N Answer
07000	Is this facility an Inpatient Psychiatric Facility (IPF), or do you contain an IPF subprovider?	00100	Question		Y Answer
07100	If line 70 is yes, does the facility have a teaching program in the most recent cost reporting period ending on or before Nov	00100	Question		N Answer

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
09600	Does title 5 or title 19 reduce operating cost?	00100	Title 5		N Answer
09600	Does title 5 or title 19 reduce operating cost?	00200	Medicaid		N Answer
09800	N	00100	Component Name		
09800		00200	CCN Number		Y
09801	N	00100	Component Name		
09801		00200	CCN Number		Y
09802	N	00100	Component Name		
09802		00200	CCN Number		Y
09803	N	00100	Component Name		
09803		00200	CCN Number		N
09804	N	00100	Component Name		
09804		00200	CCN Number		N
09805	N	00100	Component Name		
09805		00200	CCN Number		Y
09806	N	00100	Component Name		
09806		00200	CCN Number		Y
10500	Does this hospital qualify as a Critical Access Hospital(CAH)?	00100	Question		N Answer
10800	Is this a rural hospital qualifying for an exception to the CRNA fee schedule?	00100	Question		N Answer
11000	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reportin	00100	Question		N Answer
11100	N	00100	Component Name		
11500	Is this an all inclusive rate provider?	00100	Question		N Answer
11600	Are you classified as a referral center?	00100	Question		N Answer
11700	Is this facility legally required to carry malpractice insurance?	00100	Malpractice Ins		Y Answer
11800	Is the malpractice insurance a claims-made or occurrence policy?	00100	Question		1. Answer
11801	List amounts of malpractice premiums and paid losses	00100	Premiums	1,165,510.	Amount
11801	List amounts of malpractice premiums and paid losses	00200	Paid Losses	534,500.	Amount

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100258 DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484

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

S20 Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
11802	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General?	00100	Question		N Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00100	Question		N Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00200	Rural Hospital		N Answer
12100	Did this facility incur and report cost for the high cost implantable devices charged to patients?	00100	Question		Y Answer
12200	Does this cost report contain state health or similar taxes?	00100	Question		N Answer
12500	Does this facility operate a transplant center? Yes or No and enter certification date.	00100	Question		N Answer
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00100	Question		Y Answer
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00200	Chain Number	HB0557	Code
14100	TENET HEALTHCARE CORPORATION	00100	Chain Organization		
14100	NOVITAS SOLUTIONS	00200	Chain Organization		
14100	04011	00300	Chain Organization		
14200	14201 DALLAS PARKWAY	00100	Chain Organization		
14300	DALLAS	00100	Chain Organization		
14300	TX	00200	Chain Organization		
14300	75254-2916	00300	Chain Organization		
14400	Are provider based physicians cost included in Worksheet A?	00100	Question		Y Answer
14500	If you are claiming cost for renal services on Worksheet A Line 74, are they cost for inpatient services only?	00100	Question		Y Answer
14500	If you are claiming cost for renal services on Worksheet A Line 74, are they cost for inpatient services only?	00200	Question		N Answer
14600	Has the cost allocation methodology changed from the previously filed cost report?	00100	Question		N Answer

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
14700	Was there a change in the statistical basis?	00100	Question		N Answer
14800	Was there a change in the order of allocation?	00100	Question		N Answer
14900	Was the change to the simplified cost finding method?	00100	Question		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00100	Medicare Part A		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00200	Medicare Part B		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00300	Title V		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00400	Medicaid		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer

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100258	DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484				

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	CBSA Number		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Provider Type		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	Title V		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Medicaid		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00200	Medicare Part B		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00300	Title V		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00400	Medicaid		N Answer
16500	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs?	00100	Question		N Answer
16700	Is this provider a meaningful user under 1886 (n)?	00100	Question		Y Answer

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

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
2	Part 2 - Reimbursement Questionnaire				
01400	If line 12 is yes, are patient deductibles and/or co-payments waived?	00100	Question		N Answer
01500	Have total beds available changed from prior cost reporting period?	00100	Question		Y Answer
01600	Was the cost report prepared using the PS&R only?	00100	Part A - Question		N Answer
01600	Was the cost report prepared using the PS&R only?	00300	Part B - Question		N Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00100	Part A - Question		Y Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00200	Part A - Date	03/31/2020	Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00300	Part B - Question		Y Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00400	Part B - Date	03/31/2020	Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additioanl claims that have been billed but not included on t	00100	Information		N Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additioanl claims that have been billed but not included on t	00300	Information		N Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00100	Information		N Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00300	Information		N Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00100	Information		N Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00300	Information		N Answer
02100	Was the cost report prepared only using the provider's records?	00100	Information		N Answer
02100	Was the cost report prepared only using the provider's records?	00300	Information		N Answer

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00100	Wkst Line No	30.	Line Code
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00200	Number of Beds	287.	Beds
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00300	Days Available	104,769.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00600	Medicare Inpatient Days	33,008.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00700	Medicaid Inpatient Days	3,078.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00800	Total Inpatient Days	72,677.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01300	Medicare Discharges	8,728.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01400	Medicaid Discharges	309.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01500	Total Discharges	18,871.	Discharges
00200	HMO and Other	00600	Medicare Inpatient Days	24,489.	Days
00200	HMO and Other	00700	Medicaid Inpatient Days	4,300.	Days
00200	HMO and Other	01300	Medicare Discharges	4,605.	Discharges
00200	HMO and Other	01400	Medicaid Discharges	533.	Discharges
00300	HMO - IPF Subprovider	00600	Medicare Inpatient Days	2,530.	Days
00300	HMO - IPF Subprovider	00700	Medicaid Inpatient Days	1,778.	Days
00300	HMO - IPF Subprovider	01400	Medicaid Discharges	256.	Discharges
00400	HMO - IRF Subprovider	00600	Medicare Inpatient Days	1,745.	Days
00400	HMO - IRF Subprovider	00700	Medicaid Inpatient Days	36.	Days
00400	HMO - IRF Subprovider	01400	Medicaid Discharges	4.	Discharges
00700	Total Adults and Pediatrics (exclude observation beds)	00200	Number of Beds	287.	Beds
00700	Total Adults and Pediatrics (exclude observation beds)	00300	Days Available	104,769.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00600	Medicare Inpatient Days	33,008.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00700	Medicaid Inpatient Days	3,078.	Days

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
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S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
1 Part 1 - Statistical Data					
00700	Total Adults and Pediatrics (exclude observation beds)	00800	Total Inpatient Days	72,677.	Days
00800	Intensive Care Unit	00100	Wkst Line No	31.	Line Code
00800	Intensive Care Unit	00200	Number of Beds	52.	Beds
00800	Intensive Care Unit	00300	Days Available	18,980.	Days
00800	Intensive Care Unit	00600	Medicare Inpatient Days	6,753.	Days
00800	Intensive Care Unit	00700	Medicaid Inpatient Days	911.	Days
00800	Intensive Care Unit	00800	Total Inpatient Days	17,053.	Days
00900	Coronary Care Unit	00100	Wkst Line No	32.	Line Code
01000	Burn Intensive Care Unit	00100	Wkst Line No	33.	Line Code
01100	Surgical Intensive Care Unit	00100	Wkst Line No	34.	Line Code
01200	Other Special Care	00100	Wkst Line No	35.	Line Code
01300	Nursery	00100	Wkst Line No	43.	Line Code
01400	Total (see instructions)	00200	Number of Beds	339.	Beds
01400	Total (see instructions)	00300	Days Available	123,749.	Days
01400	Total (see instructions)	00600	Medicare Inpatient Days	39,761.	Days
01400	Total (see instructions)	00700	Medicaid Inpatient Days	3,989.	Days
01400	Total (see instructions)	00800	Total Inpatient Days	89,730.	Days
01400	Total (see instructions)	00900	Total Interns & Resid.	24.22	Count
01400	Total (see instructions)	01000	Employees on Payroll	1,204.72	FTEs
01400	Total (see instructions)	01300	Medicare Discharges	8,728.	Discharges
01400	Total (see instructions)	01400	Medicaid Discharges	309.	Discharges
01400	Total (see instructions)	01500	Total Discharges	18,871.	Discharges
01600	Subprovider - IPF	00100	Wkst Line No	40.	Line Code
01600	Subprovider - IPF	00200	Number of Beds	66.	Beds
01600	Subprovider - IPF	00300	Days Available	24,090.	Days
01600	Subprovider - IPF	00600	Medicare Inpatient Days	4,561.	Days
01600	Subprovider - IPF	00700	Medicaid Inpatient Days	606.	Days
01600	Subprovider - IPF	00800	Total Inpatient Days	16,020.	Days
01600	Subprovider - IPF	00900	Total Interns & Resid.	2.17	Count
01600	Subprovider - IPF	01000	Employees on Payroll	50.68	FTEs
01600	Subprovider - IPF	01300	Medicare Discharges	335.	Discharges
01600	Subprovider - IPF	01400	Medicaid Discharges	59.	Discharges

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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

S30					
Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
1					
Part 1 - Statistical Data					
01600	Subprovider - IPF	01500	Total Discharges	2,018.	Discharges
01700	Subprovider - IRF	00100	Wkst Line No	41.	Line Code
01700	Subprovider - IRF	00200	Number of Beds	90.	Beds
01700	Subprovider - IRF	00300	Days Available	32,850.	Days
01700	Subprovider - IRF	00600	Medicare Inpatient Days	7,864.	Days
01700	Subprovider - IRF	00700	Medicaid Inpatient Days	119.	Days
01700	Subprovider - IRF	00800	Total Inpatient Days	12,063.	Days
01700	Subprovider - IRF	01000	Employees on Payroll	47.60	FTEs
01700	Subprovider - IRF	01300	Medicare Discharges	638.	Discharges
01700	Subprovider - IRF	01400	Medicaid Discharges	8.	Discharges
01700	Subprovider - IRF	01500	Total Discharges	962.	Discharges
01800	Subprovider - Other	00100	Wkst Line No	42.	Line Code
01900	Skilled Nursing Facility	00100	Wkst Line No	44.	Line Code
02000	Nursing Facility	00100	Wkst Line No	45.	Line Code
02100	Other Long Term Care	00100	Wkst Line No	46.	Line Code
02200	Home Health Agency	00100	Wkst Line No	101.	Line Code
02300	Ambulatory Surgical Center - ASC (Distinct Part)	00100	Wkst Line No	115.	Line Code
02400	Hospice (Distinct Part)	00100	Wkst Line No	116.	Line Code
02410	Hospice (Non-Distinct Part)	00100	Wkst Line No	30.	Line Code
02410	Hospice (Non-Distinct Part)	00800	Total Inpatient Days	213.	Days
02500	Community Mental Health Clinic	00100	Wkst Line No	99.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	88.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	89.	Line Code
02700	Total (Sum Lines 14 to 26)	00200	Number of Beds	495.	Beds
02700	Total (Sum Lines 14 to 26)	00900	Total Interns & Resid.	26.39	Count
02700	Total (Sum Lines 14 to 26)	01000	Employees on Payroll	1,303.	FTEs
02800	Observation Bed Days	00700	Medicaid Inpatient Days	551.	Days
02800	Observation Bed Days	00800	Total Inpatient Days	10,213.	Days
03000	Employee Discount Days (See Instructions)	00800	Total Inpatient Days	132.	Days
2					
Part 2 - Wage Data					
00100	Total Salaries	00100	Wkst A Line Number	200.	Line Code

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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
00100	Total Salaries	00200	Amount Reported	112,046,767.	
00100	Total Salaries	00400	Adjusted Salaries	112,046,767.	Salaries
00100	Total Salaries	00500	Paid Salary Hours	3,113,244.	Hours
00100	Total Salaries	00600	Average Hourly Amount	35.99	Average
00700	Salaries - Interns and Residents	00100	Wkst A Line Number	21.	Line Code
00700	Salaries - Interns and Residents	00200	Amount Reported	487,564.	
00700	Salaries - Interns and Residents	00400	Adjusted Salaries	487,564.	Salaries
00700	Salaries - Interns and Residents	00500	Paid Salary Hours	3,892.	Hours
00700	Salaries - Interns and Residents	00600	Average Hourly Amount	125.27	Average
00900	Salaries - Skilled Nursing Facility	00100	Wkst A Line Number	44.	Line Code
01000	Salaries - Excludes Area	00200	Amount Reported	9,575,363.	
01000	Salaries - Excludes Area	00300	Reclass. Salaries	1,485.	Adjustmen t
01000	Salaries - Excludes Area	00400	Adjusted Salaries	9,576,848.	Salaries
01000	Salaries - Excludes Area	00500	Paid Salary Hours	300,059.	Hours
01000	Salaries - Excludes Area	00600	Average Hourly Amount	31.92	Average
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00200	Amount Reported	2,330,205.	
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00400	Adjusted Salaries	2,330,205.	Salaries
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00500	Paid Salary Hours	34,454.	Hours
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00600	Average Hourly Amount	67.63	Average
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00200	Amount Reported	508,374.	
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00400	Adjusted Salaries	508,374.	Salaries
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00500	Paid Salary Hours	3,733.	Hours
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00600	Average Hourly Amount	136.18	Average
01401		00200	Amount Reported	14,791,769.	
01401		00400	Adjusted Salaries	14,791,769.	Salaries
01401		00500	Paid Salary Hours	393,178.	Hours
01401		00600	Average Hourly Amount	37.62	Average

CR Hospital Reference Report 2019

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Line 100258 DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484

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

Line	Line Description	Col	Column Desc	Line Value	Type
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
01700	Wage Related Costs - Core	00200	Amount Reported	21,725,962.	
01700	Wage Related Costs - Core	00400	Adjusted Salaries	21,725,962.	Salaries
01900	Wage Related Costs - Excluded Areas	00200	Amount Reported	2,149,052.	
01900	Wage Related Costs - Excluded Areas	00400	Adjusted Salaries	2,149,052.	Salaries
02500	Wage Related Cost - Intern and Residents	00200	Amount Reported	97,069.	
02500	Wage Related Cost - Intern and Residents	00400	Adjusted Salaries	97,069.	Salaries
02550		00200	Amount Reported	3,054,215.	
02550		00400	Adjusted Salaries	3,054,215.	Salaries
02600	Overhead Cost - Employee Benefits	00100	Wkst A Line Number	4.	Line Code
02600	Overhead Cost - Employee Benefits	00200	Amount Reported	778,265.	
02600	Overhead Cost - Employee Benefits	00300	Reclass. Salaries	4,152.	Adjustment
02600	Overhead Cost - Employee Benefits	00400	Adjusted Salaries	782,417.	Salaries
02600	Overhead Cost - Employee Benefits	00500	Paid Salary Hours	23,720.	Hours
02600	Overhead Cost - Employee Benefits	00600	Average Hourly Amount	32.99	Average
02700	Overhead Cost - Administrative & General	00100	Wkst A Line Number	5.	Line Code
02700	Overhead Cost - Administrative & General	00200	Amount Reported	10,757,504.	
02700	Overhead Cost - Administrative & General	00300	Reclass. Salaries	-126,247.	Adjustment
02700	Overhead Cost - Administrative & General	00400	Adjusted Salaries	10,631,257.	Salaries
02700	Overhead Cost - Administrative & General	00500	Paid Salary Hours	227,803.	Hours
02700	Overhead Cost - Administrative & General	00600	Average Hourly Amount	46.67	Average
02800	Overhead Cost - Administrative & General Under Contract	00200	Amount Reported	80,596.	
02800	Overhead Cost - Administrative & General Under Contract	00400	Adjusted Salaries	80,596.	Salaries
02800	Overhead Cost - Administrative & General Under Contract	00500	Paid Salary Hours	1,398.	Hours
02800	Overhead Cost - Administrative & General Under Contract	00600	Average Hourly Amount	57.65	Average
02900	Overhead Cost - Maintenance and Repairs	00100	Wkst A Line Number	6.	Line Code
03000	Overhead Cost - Operation of Plant	00100	Wkst A Line Number	7.	Line Code
03000	Overhead Cost - Operation of Plant	00200	Amount Reported	1,228,276.	
03000	Overhead Cost - Operation of Plant	00400	Adjusted Salaries	1,228,276.	Salaries
03000	Overhead Cost - Operation of Plant	00500	Paid Salary Hours	38,405.	Hours

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

S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
2 Part 2 - Wage Data					
03000	Overhead Cost - Operation of Plant	00600	Average Hourly Amount	31.98	Average
03100	Overhead Cost - Laundry and Linen Service	00100	Wkst A Line Number	8.	Line Code
03200	Overhead Cost - Housekeeping	00100	Wkst A Line Number	9.	Line Code
03300	Overhead Cost - Housekeeping Under Contract	00200	Amount Reported	2,534,841.	
03300	Overhead Cost - Housekeeping Under Contract	00400	Adjusted Salaries	2,534,841.	Salaries
03300	Overhead Cost - Housekeeping Under Contract	00500	Paid Salary Hours	170,560.	Hours
03300	Overhead Cost - Housekeeping Under Contract	00600	Average Hourly Amount	14.86	Average
03400	Overhead Cost - Dietary	00100	Wkst A Line Number	10.	Line Code
03500	Overhead Cost - Dietary Under Contract	00200	Amount Reported	2,614,217.	
03500	Overhead Cost - Dietary Under Contract	00400	Adjusted Salaries	2,614,217.	Salaries
03500	Overhead Cost - Dietary Under Contract	00500	Paid Salary Hours	164,320.	Hours
03500	Overhead Cost - Dietary Under Contract	00600	Average Hourly Amount	15.91	Average
03600	Overhead Cost - Cafeteria	00100	Wkst A Line Number	11.	Line Code
03700	Overhead Cost - Maintenance of Personnel	00100	Wkst A Line Number	12.	Line Code
03800	Overhead Cost - Nursing Admiistration	00100	Wkst A Line Number	13.	Line Code
03800	Overhead Cost - Nursing Admiistration	00200	Amount Reported	5,172,962.	
03800	Overhead Cost - Nursing Admiistration	00400	Adjusted Salaries	5,172,962.	Salaries
03800	Overhead Cost - Nursing Admiistration	00500	Paid Salary Hours	103,899.	Hours
03800	Overhead Cost - Nursing Admiistration	00600	Average Hourly Amount	49.79	Average
03900	Overhead Cost - Central Services and Supply	00100	Wkst A Line Number	14.	Line Code
03900	Overhead Cost - Central Services and Supply	00200	Amount Reported	737,285.	
03900	Overhead Cost - Central Services and Supply	00400	Adjusted Salaries	737,285.	Salaries
03900	Overhead Cost - Central Services and Supply	00500	Paid Salary Hours	39,562.	Hours
03900	Overhead Cost - Central Services and Supply	00600	Average Hourly Amount	18.64	Average
04000	Overhead Cost - Pharmacy	00100	Wkst A Line Number	15.	Line Code
04000	Overhead Cost - Pharmacy	00200	Amount Reported	3,872,658.	
04000	Overhead Cost - Pharmacy	00400	Adjusted Salaries	3,872,658.	Salaries
04000	Overhead Cost - Pharmacy	00500	Paid Salary Hours	83,828.	Hours
04000	Overhead Cost - Pharmacy	00600	Average Hourly Amount	46.20	Average
04100	Overhead Cost - Medical Records & Medical Records Library	00100	Wkst A Line Number	16.	Line Code
04100	Overhead Cost - Medical Records & Medical Records Library	00200	Amount Reported	1,846,875.	

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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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
04100	Overhead Cost - Medical Records & Medical Records Library	00400	Adjusted Salaries	1,846,875.	Salaries
04100	Overhead Cost - Medical Records & Medical Records Library	00500	Paid Salary Hours	59,849.	Hours
04100	Overhead Cost - Medical Records & Medical Records Library	00600	Average Hourly Amount	30.86	Average
04200	Overhead Cost - Social Service	00100	Wkst A Line Number	17.	Line Code
04300	Overhead Cost - Other General Services	00100	Wkst A Line Number	18.	Line Code
3	Part 3 - Hospital Wage Index Summary				
00100	Net Salaries	00200	Amount Reported	116,788,857.	Salaries
00100	Net Salaries	00400	Adjusted Salaries	116,788,857.	Salaries
00100	Net Salaries	00500	Paid Salary Hours	3,445,630.	Hours
00100	Net Salaries	00600	Average Hourly Amount	33.89	Average
00200	Excluded Area Salaries	00200	Amount Reported	9,575,363.	Salaries
00200	Excluded Area Salaries	00300	Reclass. Salaries	1,485.	Salaries
00200	Excluded Area Salaries	00400	Adjusted Salaries	9,576,848.	Salaries
00200	Excluded Area Salaries	00500	Paid Salary Hours	300,059.	Hours
00200	Excluded Area Salaries	00600	Average Hourly Amount	31.92	Average
00300	Sub Total Salaries (Line 01 Minus 02)	00200	Amount Reported	107,213,494.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00300	Reclass. Salaries	-1,485.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00400	Adjusted Salaries	107,212,009.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00500	Paid Salary Hours	3,145,571.	Hours
00300	Sub Total Salaries (Line 01 Minus 02)	00600	Average Hourly Amount	34.08	Average
00400	Sub Total Other Wages and Related Costs	00200	Amount Reported	17,630,348.	Salaries
00400	Sub Total Other Wages and Related Costs	00400	Adjusted Salaries	17,630,348.	Salaries
00400	Sub Total Other Wages and Related Costs	00500	Paid Salary Hours	431,365.	Hours
00400	Sub Total Other Wages and Related Costs	00600	Average Hourly Amount	40.87	Average
00500	Sub Total Wage Related Costs	00200	Amount Reported	24,780,177.	Salaries
00500	Sub Total Wage Related Costs	00400	Adjusted Salaries	24,780,177.	Salaries
00500	Sub Total Wage Related Costs	00600	Average Hourly Amount	23.11	Average
00600	Total (Sum of Lines 03 to 05)	00200	Amount Reported	149,624,019.	Salaries
00600	Total (Sum of Lines 03 to 05)	00300	Reclass. Salaries	-1,485.	Salaries
00600	Total (Sum of Lines 03 to 05)	00400	Adjusted Salaries	149,622,534.	Salaries
00600	Total (Sum of Lines 03 to 05)	00500	Paid Salary Hours	3,576,936.	Hours

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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
3	Part 3 - Hospital Wage Index Summary				
00600	Total (Sum of Lines 03 to 05)	00600	Average Hourly Amount	41.83	Average
00700	Total Overhead Cost (See Instructions)	00200	Amount Reported	29,623,479.	Salaries
00700	Total Overhead Cost (See Instructions)	00300	Reclass. Salaries	-122,095.	Salaries
00700	Total Overhead Cost (See Instructions)	00400	Adjusted Salaries	29,501,384.	Salaries
00700	Total Overhead Cost (See Instructions)	00500	Paid Salary Hours	913,344.	Hours
00700	Total Overhead Cost (See Instructions)	00600	Average Hourly Amount	32.30	Average
4	Part 4 - Core List				
00100	Retirement - 401K Employer Contributions	00100	Amount	2,070,848.	
00802		00100	Amount	13,127,909.	
01500	Workers Compensation Insurance	00100	Amount	736,483.	
01700	FICA-Employers Portion Only	00100	Amount	7,910,870.	
01900	Unemployment Insurance	00100	Amount	76,994.	
02000	State or Federal Unemployment Taxes	00100	Amount	14,055.	
02300	Tuition Reimbursement	00100	Amount	34,924.	
02400	Total Wage Related Cost (Sum lines 01-23)	00100	Amount	23,972,083.	
5	Part 3 - Contract Labor and Benefit Cost				
00100	Total Facility Contract Labor and Benefit Cost	00100	Contract Labor	2,367,104.	
00100	Total Facility Contract Labor and Benefit Cost	00200	Benefit Cost	23,972,083.	
00200	Hospital	00100	Contract Labor	2,330,205.	
00200	Hospital	00200	Benefit Cost	21,823,031.	
00300	Subprovider - IPF	00100	Contract Labor	14,906.	
00300	Subprovider - IPF	00200	Benefit Cost	1,128,673.	
00400	Subprovider - IRF	00100	Contract Labor	21,993.	
00400	Subprovider - IRF	00200	Benefit Cost	1,020,379.	

100268 WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428

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

S00	Wkst S Hospital and Hospital Healthcare Complex Cost Report Certification and Settlement Summary				
1	Part 1 - Cost Report Status				
00100	Electronically Filed Cost Report?	00100	Information		X
00400	Medicare Utilization - F for 'Full' and L for 'Low'	00100	Information		F

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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

S10	Wkst S-10 Hospital Uncompensated and Indigent Care Data				
01200	Difference Between Net Revenue and Cost For Stand-Alone SCHIP (Line 09 Minus Line 11)	00100	Amounts	660,271.	
01300	Net Revenue From State or Local Indigent Care Program (Not Included on Lines 02, 05 or 09)	00100	Amounts	184,523.	
01400	Charges from Patient Covered Under State or Local Indigent Care Program (Not Included in Lines 06 or 10)	00100	Amounts	4,753,270.	Charges
01500	State or Local Indigent Care Program Cost (Line 01 Times Line 14)	00100	Amounts	495,410.	
01600	Difference Between Net Revenue and Costs for State or Local Indigent Care Program (Line 13 Minus Line 15)	00100	Amounts	310,887.	
01900	Total Unreimbursed Cost From Medicaid, SCHIP, and State and Local Indigent Care Programs (Sum of Lines 08, 12 and 16)	00100	Amounts	14,240,696.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00100	Uninsured Patients	72,240,737.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00300	Total (Col 01 & 02)	72,240,737.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00100	Uninsured Patients	7,529,291.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00300	Total (Col 01 & 02)	7,529,291.	
02200	Partial Payment by Patients Approved for Charity Care	00100	Uninsured Patients	8,783.	
02200	Partial Payment by Patients Approved for Charity Care	00300	Total (Col 01 & 02)	8,783.	
02300	Cost of Charity Care (Line 21 Minus 22)	00100	Uninsured Patients	7,520,508.	
02300	Cost of Charity Care (Line 21 Minus 22)	00300	Total (Col 01 & 02)	7,520,508.	
02400	Does the Amount in Line 20, Col 2 Include Charges for Patient Days Beyond a Length of Stay Limit for Medicaid Patients	00100	Amounts	N	
02600	Total Bad Debt Expense For the Entire Hospital Complex (See Instructions)	00100	Amounts	17,878,909.	
02700	Medicare Bad Debts For the Entire Hospital Complex (See Instructions)	00100	Amounts	360,989.	
02701		00100	Amounts	555,368.	
02800	Non-Medicare and Non-Reimbursable Bad Debt Expense (Line 26 Minus Line 27)	00100	Amounts	17,323,541.	

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
1	Part 1 - Complex Identification Data				
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00100	Question		N Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00200	Question		N Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00300	Question		N Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00100	Question		3. Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00200	Question		N Answer
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00100	State Medicaid Paid	1,578.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00200	State Medicaid Elig	1,874.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00300	Out-State Medicaid Paid	126.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00400	Out-State Medicaid Elig	3.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00500	Medicaid HMO	6,410.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00600	Other Medicaid	206.	Days
02600	Geographic Classification - Enter you standard geographic classification status at the beginning of the CR period.	00100	Geographic Location		1. Urban/Rur a
02700	Geographic Classification - Enter you standard geographic classification status at the end of the CR period.	00100	Geographic Location		1. Urban/Rur a

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00100	Answer - Part 1		N Answer
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00200	Answer - Part 2		N Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00100	Discharges before 10-1		N Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00200	Discharges after 10-1		N Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00100	Title 5		N Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00200	Medicare		Y Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00300	Medicaid		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00100	Title 5		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00200	Medicare		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00300	Medicaid		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00100	Title 5		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00200	Medicare		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00300	Medicaid		N Answer
04800	Is the facility electing full federal capital payment?	00100	Title 5		N Answer
04800	Is the facility electing full federal capital payment?	00200	Medicare		N Answer

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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

S20 Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
11500	Is this an all inclusive rate provider?	00100	Question	N	Answer
11600	Are you classified as a referral center?	00100	Question	N	Answer
11700	Is this facility legally required to carry malpractice insurance?	00100	Malpractice Ins	Y	Answer
11800	Is the malpractice insurance a claims-made or occurrence policy?	00100	Question	1.	Answer
11801	List amounts of malpractice premiums and paid losses	00100	Premiums	1,308,056.	Amount
11801	List amounts of malpractice premiums and paid losses	00200	Paid Losses	4,394,949.	Amount
11802	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General?	00100	Question	N	Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00100	Question	N	Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00200	Rural Hospital	N	Answer
12100	Did this facility incur and report cost for the high cost implantable devices charged to patients?	00100	Question	Y	Answer
12200	Does this cost report contain state health or similar taxes?	00100	Question	N	Answer
12500	Does this facility operate a transplant center? Yes or No and enter certification date.	00100	Question	N	Answer
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00100	Question	Y	Answer
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00200	Chain Number	HB0557	Code
14100	TENET HEALTHCARE CORPORATION	00100	Chain Organization		
14100	NOVITAS SOLUTIONS	00200	Chain Organization		
14100	04011	00300	Chain Organization		
14200	14201 DALLAS PARKWAY	00100	Chain Organization		
14300	DALLAS	00100	Chain Organization		
14300	TX	00200	Chain Organization		
14300	75254-2916	00300	Chain Organization		

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100268	WEST BOCA MEDICAL CENTER	BOCA RATON, FL	33428		

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
14400	Are provider based physicians cost included in Worksheet A?	00100	Question		Y Answer
14500	If you are claiming cost for renal services on Worksheet A Line 74, are they cost for inpatient services only?	00100	Question		Y Answer
14500	If you are claiming cost for renal services on Worksheet A Line 74, are they cost for inpatient services only?	00200	Question		N Answer
14600	Has the cost allocation methodology changed from the previously filed cost report?	00100	Question		N Answer
14700	Was there a change in the statistical basis?	00100	Question		N Answer
14800	Was there a change in the order of allocation?	00100	Question		N Answer
14900	Was the change to the simplified cost finding method?	00100	Question		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00100	Medicare Part A		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00200	Medicare Part B		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00300	Title V		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00400	Medicaid		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer

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100268	WEST BOCA MEDICAL CENTER	BOCA RATON, FL	33428		

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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
1	Part 1 - Complex Identification Data				
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	CBSA Number		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Provider Type		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	Title V		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Medicaid		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00200	Medicare Part B		N Answer

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100268	WEST BOCA MEDICAL CENTER BOCA RATON, FL	33428			

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00300	Title V		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00400	Medicaid		N Answer
16500	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs?	00100	Question		N Answer
16700	Is this provider a meaningful user under 1886 (n)?	00100	Question		Y Answer
17100	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on	00100	Question		N Answer
2	Part 2 - Reimbursement Questionnaire				
00100	Has the provider changed ownership immediately prior to the beginning of the cost report period?	00100	Question		N
00200	Has the provider terminated participation in the Medicare Program?	00100	Question		N
00300	Is the provider involved in business transactions with individuals or entities that are related to the provider?	00100	Question		Y Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00100	Question		Y Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00200	Type of Statements		A Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00300	Date Available	02/24/2020	Answer
00500	Are the cost report total expenses and total revenues different from those on filed financial statements?	00100	Question		N Answer
00600	Were cost claimed for nursing school?	00100	Question		N Answer
00700	Were cost claimed for allied health programs?	00100	Question		Y Answer
00800	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	00100	Question		N Answer
00900	Are cost claimed for Intern-Resident programs claimed on the current cost report?	00100	Question		Y Answer

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100268 WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data			
2	Part 2 - Reimbursement Questionnaire			
01000	Was an Intern-Resident program initiated or renewed in the current cost reporting period?	00100	Question	N Answer
01100	Are GME cost directly assigned to cost centers other that I&R in an Approved Teaching Program on Worksheet A?	00100	Question	N Answer
01200	Is the provider seeking reimbursement for bad debts?	00100	Question	Y Answer
01300	If line 12 is yes, did the provider's bad debt collection policy change during the cost reporting period?	00100	Question	N Answer
01400	If line 12 is yes, are patient deductibles and/or co-payments waived?	00100	Question	N Answer
01500	Have total beds available changed from prior cost reporting period?	00100	Question	N Answer
01600	Was the cost report prepared using the PS&R only?	00100	Part A - Question	N Answer
01600	Was the cost report prepared using the PS&R only?	00300	Part B - Question	N Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00100	Part A - Question	Y Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00200	Part A - Date	03/31/2020 Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00300	Part B - Question	Y Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00400	Part B - Date	03/31/2020 Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additioanl claims that have been billed but not included on t	00100	Information	N Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additioanl claims that have been billed but not included on t	00300	Information	N Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00100	Information	N Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00300	Information	N Answer

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

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S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data				
2	Part 2 - Reimbursement Questionnaire				
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00100	Information		N Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00300	Information		N Answer
02100	Was the cost report prepared only using the provider's records?	00100	Information		N Answer
02100	Was the cost report prepared only using the provider's records?	00300	Information		N Answer
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00100	Wkst Line No	30.	Line Code
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00200	Number of Beds	139.	Beds
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00300	Days Available	50,735.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00600	Medicare Inpatient Days	5,888.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00700	Medicaid Inpatient Days	1,958.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00800	Total Inpatient Days	27,651.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01300	Medicare Discharges	1,907.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01400	Medicaid Discharges	317.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01500	Total Discharges	11,544.	Discharges
00200	HMO and Other	00600	Medicare Inpatient Days	5,870.	Days
00200	HMO and Other	00700	Medicaid Inpatient Days	6,410.	Days
00200	HMO and Other	01300	Medicare Discharges	1,606.	Discharges
00200	HMO and Other	01400	Medicaid Discharges	1,623.	Discharges
00700	Total Adults and Pediatrics (exclude observation beds)	00200	Number of Beds	139.	Beds
00700	Total Adults and Pediatrics (exclude observation beds)	00300	Days Available	50,735.	Days

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
00700	Total Adults and Pediatrics (exclude observation beds)	00600	Medicare Inpatient Days	5,888.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00700	Medicaid Inpatient Days	1,958.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00800	Total Inpatient Days	27,651.	Days
00800	Intensive Care Unit	00100	Wkst Line No	31.	Line Code
00800	Intensive Care Unit	00200	Number of Beds	16.	Beds
00800	Intensive Care Unit	00300	Days Available	5,840.	Days
00800	Intensive Care Unit	00600	Medicare Inpatient Days	1,467.	Days
00800	Intensive Care Unit	00700	Medicaid Inpatient Days	216.	Days
00800	Intensive Care Unit	00800	Total Inpatient Days	4,211.	Days
00900	Coronary Care Unit	00100	Wkst Line No	32.	Line Code
01000	Burn Intensive Care Unit	00100	Wkst Line No	33.	Line Code
01100	Surgical Intensive Care Unit	00100	Wkst Line No	34.	Line Code
01200	Other Special Care	00100	Wkst Line No	35.	Line Code
01200	Other Special Care	00200	Number of Beds	34.	Beds
01200	Other Special Care	00300	Days Available	12,410.	Days
01200	Other Special Care	00700	Medicaid Inpatient Days	798.	Days
01200	Other Special Care	00800	Total Inpatient Days	4,803.	Days
01200	Other Special Care	00100	Wkst Line No	35.01	Line Code
01200	Other Special Care	00200	Number of Beds	5.	Beds
01200	Other Special Care	00300	Days Available	1,825.	Days
01200	Other Special Care	00700	Medicaid Inpatient Days	211.	Days
01200	Other Special Care	00800	Total Inpatient Days	597.	Days
01300	Nursery	00100	Wkst Line No	43.	Line Code
01300	Nursery	00700	Medicaid Inpatient Days	398.	Days
01300	Nursery	00800	Total Inpatient Days	3,765.	Days
01400	Total (see instructions)	00200	Number of Beds	194.	Beds
01400	Total (see instructions)	00300	Days Available	70,810.	Days
01400	Total (see instructions)	00600	Medicare Inpatient Days	7,355.	Days
01400	Total (see instructions)	00700	Medicaid Inpatient Days	3,581.	Days
01400	Total (see instructions)	00800	Total Inpatient Days	41,027.	Days
01400	Total (see instructions)	00900	Total Interns & Resid.	3.12	Count

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100268	WEST BOCA MEDICAL CENTER	BOCA RATON, FL	33428		

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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
01400	Total (see instructions)	01000	Employees on Payroll	579.90	FTEs
01400	Total (see instructions)	01300	Medicare Discharges	1,907.	Discharges
01400	Total (see instructions)	01400	Medicaid Discharges	317.	Discharges
01400	Total (see instructions)	01500	Total Discharges	11,544.	Discharges
01600	Subprovider - IPF	00100	Wkst Line No	40.	Line Code
01700	Subprovider - IRF	00100	Wkst Line No	41.	Line Code
01800	Subprovider - Other	00100	Wkst Line No	42.	Line Code
01900	Skilled Nursing Facility	00100	Wkst Line No	44.	Line Code
02000	Nursing Facility	00100	Wkst Line No	45.	Line Code
02100	Other Long Term Care	00100	Wkst Line No	46.	Line Code
02200	Home Health Agency	00100	Wkst Line No	101.	Line Code
02300	Ambulatory Surgical Center - ASC (Distinct Part)	00100	Wkst Line No	115.	Line Code
02400	Hospice (Distinct Part)	00100	Wkst Line No	116.	Line Code
02410	Hospice (Non-Distinct Part)	00100	Wkst Line No	30.	Line Code
02410	Hospice (Non-Distinct Part)	00800	Total Inpatient Days	9.	Days
02500	Community Mental Health Clinic	00100	Wkst Line No	99.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	88.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	89.	Line Code
02700	Total (Sum Lines 14 to 26)	00200	Number of Beds	194.	Beds
02700	Total (Sum Lines 14 to 26)	00900	Total Interns & Resid.	3.12	Count
02700	Total (Sum Lines 14 to 26)	01000	Employees on Payroll	579.90	FTEs
02800	Observation Bed Days	00700	Medicaid Inpatient Days	380.	Days
02800	Observation Bed Days	00800	Total Inpatient Days	3,340.	Days
03000	Employee Discount Days (See Instructions)	00800	Total Inpatient Days	285.	Days
03200	Labor and Delivery Days	00700	Medicaid Inpatient Days	206.	Days
03200	Labor and Delivery Days	00800	Total Inpatient Days	539.	Days
03201		00800	Total Inpatient Days	1.	Days
2	Part 2 - Wage Data				
00100	Total Salaries	00100	Wkst A Line Number	200.	Line Code
00100	Total Salaries	00200	Amount Reported	52,390,274.	
00100	Total Salaries	00400	Adjusted Salaries	52,390,274.	Salaries

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
00100	Total Salaries	00500	Paid Salary Hours	1,469,703.	Hours
00100	Total Salaries	00600	Average Hourly Amount	35.65	Average
00700	Salaries - Interns and Residents	00100	Wkst A Line Number	21.	Line Code
00900	Salaries - Skilled Nursing Facility	00100	Wkst A Line Number	44.	Line Code
01000	Salaries - Excludes Area	00200	Amount Reported	201,962.	
01000	Salaries - Excludes Area	00300	Reclass. Salaries	52,787.	Adjustment
01000	Salaries - Excludes Area	00400	Adjusted Salaries	254,749.	Salaries
01000	Salaries - Excludes Area	00500	Paid Salary Hours	5,638.	Hours
01000	Salaries - Excludes Area	00600	Average Hourly Amount	45.18	Average
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00200	Amount Reported	747,262.	
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00400	Adjusted Salaries	747,262.	Salaries
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00500	Paid Salary Hours	8,354.	Hours
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00600	Average Hourly Amount	89.45	Average
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00200	Amount Reported	329,949.	
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00400	Adjusted Salaries	329,949.	Salaries
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00500	Paid Salary Hours	2,615.	Hours
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00600	Average Hourly Amount	126.18	Average
01401		00200	Amount Reported	7,475,224.	
01401		00400	Adjusted Salaries	7,475,224.	Salaries
01401		00500	Paid Salary Hours	205,745.	Hours
01401		00600	Average Hourly Amount	36.33	Average
01700	Wage Related Costs - Core	00200	Amount Reported	12,389,313.	
01700	Wage Related Costs - Core	00400	Adjusted Salaries	12,389,313.	Salaries
01900	Wage Related Costs - Excluded Areas	00200	Amount Reported	62,468.	
01900	Wage Related Costs - Excluded Areas	00400	Adjusted Salaries	62,468.	Salaries
02550		00200	Amount Reported	1,573,552.	
02550		00400	Adjusted Salaries	1,573,552.	Salaries

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S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
2 Part 2 - Wage Data					
02600	Overhead Cost - Employee Benefits	00100	Wkst A Line Number	4.	Line Code
02600	Overhead Cost - Employee Benefits	00200	Amount Reported	302,148.	
02600	Overhead Cost - Employee Benefits	00300	Reclass. Salaries	4,152.	Adjustment
02600	Overhead Cost - Employee Benefits	00400	Adjusted Salaries	306,300.	Salaries
02600	Overhead Cost - Employee Benefits	00500	Paid Salary Hours	9,407.	Hours
02600	Overhead Cost - Employee Benefits	00600	Average Hourly Amount	32.56	Average
02700	Overhead Cost - Administrative & General	00100	Wkst A Line Number	5.	Line Code
02700	Overhead Cost - Administrative & General	00200	Amount Reported	5,345,772.	
02700	Overhead Cost - Administrative & General	00300	Reclass. Salaries	-132,293.	Adjustment
02700	Overhead Cost - Administrative & General	00400	Adjusted Salaries	5,213,479.	Salaries
02700	Overhead Cost - Administrative & General	00500	Paid Salary Hours	110,261.	Hours
02700	Overhead Cost - Administrative & General	00600	Average Hourly Amount	47.28	Average
02900	Overhead Cost - Maintenance and Repairs	00100	Wkst A Line Number	6.	Line Code
03000	Overhead Cost - Operation of Plant	00100	Wkst A Line Number	7.	Line Code
03000	Overhead Cost - Operation of Plant	00200	Amount Reported	725,253.	
03000	Overhead Cost - Operation of Plant	00400	Adjusted Salaries	725,253.	Salaries
03000	Overhead Cost - Operation of Plant	00500	Paid Salary Hours	22,520.	Hours
03000	Overhead Cost - Operation of Plant	00600	Average Hourly Amount	32.20	Average
03100	Overhead Cost - Laundry and Linen Service	00100	Wkst A Line Number	8.	Line Code
03200	Overhead Cost - Housekeeping	00100	Wkst A Line Number	9.	Line Code
03300	Overhead Cost - Housekeeping Under Contract	00200	Amount Reported	1,352,917.	
03300	Overhead Cost - Housekeeping Under Contract	00400	Adjusted Salaries	1,352,917.	Salaries
03300	Overhead Cost - Housekeeping Under Contract	00500	Paid Salary Hours	84,864.	Hours
03300	Overhead Cost - Housekeeping Under Contract	00600	Average Hourly Amount	15.94	Average
03400	Overhead Cost - Dietary	00100	Wkst A Line Number	10.	Line Code
03500	Overhead Cost - Dietary Under Contract	00200	Amount Reported	1,143,922.	
03500	Overhead Cost - Dietary Under Contract	00400	Adjusted Salaries	1,143,922.	Salaries
03500	Overhead Cost - Dietary Under Contract	00500	Paid Salary Hours	67,600.	Hours
03500	Overhead Cost - Dietary Under Contract	00600	Average Hourly Amount	16.92	Average
03600	Overhead Cost - Cafeteria	00100	Wkst A Line Number	11.	Line Code
03700	Overhead Cost - Maintenance of Personnel	00100	Wkst A Line Number	12.	Line Code
03800	Overhead Cost - Nursing Administration	00100	Wkst A Line Number	13.	Line Code

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100268	WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428				

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S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
2 Part 2 - Wage Data					
03800	Overhead Cost - Nursing Admiistration	00200	Amount Reported	989,357.	
03800	Overhead Cost - Nursing Admiistration	00400	Adjusted Salaries	989,357.	Salaries
03800	Overhead Cost - Nursing Admiistration	00500	Paid Salary Hours	20,502.	Hours
03800	Overhead Cost - Nursing Admiistration	00600	Average Hourly Amount	48.26	Average
03900	Overhead Cost - Central Services and Supply	00100	Wkst A Line Number	14.	Line Code
03900	Overhead Cost - Central Services and Supply	00200	Amount Reported	247,927.	
03900	Overhead Cost - Central Services and Supply	00400	Adjusted Salaries	247,927.	Salaries
03900	Overhead Cost - Central Services and Supply	00500	Paid Salary Hours	16,057.	Hours
03900	Overhead Cost - Central Services and Supply	00600	Average Hourly Amount	15.44	Average
04000	Overhead Cost - Pharmacy	00100	Wkst A Line Number	15.	Line Code
04000	Overhead Cost - Pharmacy	00200	Amount Reported	2,086,651.	
04000	Overhead Cost - Pharmacy	00400	Adjusted Salaries	2,086,651.	Salaries
04000	Overhead Cost - Pharmacy	00500	Paid Salary Hours	47,210.	Hours
04000	Overhead Cost - Pharmacy	00600	Average Hourly Amount	44.20	Average
04100	Overhead Cost - Medical Records & Medical Records Library	00100	Wkst A Line Number	16.	Line Code
04100	Overhead Cost - Medical Records & Medical Records Library	00200	Amount Reported	1,021,016.	
04100	Overhead Cost - Medical Records & Medical Records Library	00400	Adjusted Salaries	1,021,016.	Salaries
04100	Overhead Cost - Medical Records & Medical Records Library	00500	Paid Salary Hours	32,512.	Hours
04100	Overhead Cost - Medical Records & Medical Records Library	00600	Average Hourly Amount	31.40	Average
04200	Overhead Cost - Social Service	00100	Wkst A Line Number	17.	Line Code
04300	Overhead Cost - Other General Services	00100	Wkst A Line Number	18.	Line Code
3 Part 3 - Hospital Wage Index Summary					
00100	Net Salaries	00200	Amount Reported	54,887,113.	Salaries
00100	Net Salaries	00400	Adjusted Salaries	54,887,113.	Salaries
00100	Net Salaries	00500	Paid Salary Hours	1,622,167.	Hours
00100	Net Salaries	00600	Average Hourly Amount	33.84	Average
00200	Excluded Area Salaries	00200	Amount Reported	201,962.	Salaries
00200	Excluded Area Salaries	00300	Reclass. Salaries	52,787.	Salaries
00200	Excluded Area Salaries	00400	Adjusted Salaries	254,749.	Salaries

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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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
3	Part 3 - Hospital Wage Index Summary				
00200	Excluded Area Salaries	00500	Paid Salary Hours	5,638.	Hours
00200	Excluded Area Salaries	00600	Average Hourly Amount	45.18	Average
00300	Sub Total Salaries (Line 01 Minus 02)	00200	Amount Reported	54,685,151.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00300	Reclass. Salaries	-52,787.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00400	Adjusted Salaries	54,632,364.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00500	Paid Salary Hours	1,616,529.	Hours
00300	Sub Total Salaries (Line 01 Minus 02)	00600	Average Hourly Amount	33.80	Average
00400	Sub Total Other Wages and Related Costs	00200	Amount Reported	8,552,435.	Salaries
00400	Sub Total Other Wages and Related Costs	00400	Adjusted Salaries	8,552,435.	Salaries
00400	Sub Total Other Wages and Related Costs	00500	Paid Salary Hours	216,714.	Hours
00400	Sub Total Other Wages and Related Costs	00600	Average Hourly Amount	39.46	Average
00500	Sub Total Wage Related Costs	00200	Amount Reported	13,962,865.	Salaries
00500	Sub Total Wage Related Costs	00400	Adjusted Salaries	13,962,865.	Salaries
00500	Sub Total Wage Related Costs	00600	Average Hourly Amount	25.56	Average
00600	Total (Sum of Lines 03 to 05)	00200	Amount Reported	77,200,451.	Salaries
00600	Total (Sum of Lines 03 to 05)	00300	Reclass. Salaries	-52,787.	Salaries
00600	Total (Sum of Lines 03 to 05)	00400	Adjusted Salaries	77,147,664.	Salaries
00600	Total (Sum of Lines 03 to 05)	00500	Paid Salary Hours	1,833,243.	Hours
00600	Total (Sum of Lines 03 to 05)	00600	Average Hourly Amount	42.08	Average
00700	Total Overhead Cost (See Instructions)	00200	Amount Reported	13,214,963.	Salaries
00700	Total Overhead Cost (See Instructions)	00300	Reclass. Salaries	-128,141.	Salaries
00700	Total Overhead Cost (See Instructions)	00400	Adjusted Salaries	13,086,822.	Salaries
00700	Total Overhead Cost (See Instructions)	00500	Paid Salary Hours	410,933.	Hours
00700	Total Overhead Cost (See Instructions)	00600	Average Hourly Amount	31.85	Average
4	Part 4 - Core List				
00100	Retirement - 401K Employer Contributions	00100	Amount	1,067,151.	
00802		00100	Amount	7,145,087.	
01500	Workers Compensation Insurance	00100	Amount	455,937.	
01700	FICA-Employers Portion Only	00100	Amount	3,719,790.	
01900	Unemployment Insurance	00100	Amount	41,672.	
02000	State or Federal Unemployment Taxes	00100	Amount	7,738.	
02300	Tuition Reimbursement	00100	Amount	14,406.	
02400	Total Wage Related Cost (Sum lines 01-23)	00100	Amount	12,451,781.	

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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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data			
5	Part 3 - Contract Labor and Benefit Cost			
00100	Total Facility Contract Labor and Benefit Cost	00100	Contract Labor	747,262.
00100	Total Facility Contract Labor and Benefit Cost	00200	Benefit Cost	12,451,781.
00200	Hospital	00100	Contract Labor	747,262.
00200	Hospital	00200	Benefit Cost	12,451,781.

100269 PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470

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

S00	Wkst S Hospital and Hospital Healthcare Complex Cost Report Certification and Settlement Summary				
1	Part 1 - Cost Report Status				
00100	Electronically Filed Cost Report?	00100	Information	X	
00400	Medicare Utilization - F for 'Full' and L for 'Low'	00100	Information	F	
00500	Cost Report Status (1-Submitted 2-Settled 3-Audited 4-Reopened 5-Amended)	00100	Information	1	
00600	FI Received Date	00200	Information	11/01/2019	
00700	Fiscal Intermediary Number	00200	Information	09001	
00800	Initial Cost Report for this Provider CCN?	00200	Information	N	
00900	Final Cost Report for this Provider CCN?	00200	Information	N	
01100	Contractor Vendor Code	00300	Information	4	
3	Part 3 - Settlement Summary				
00100	Hospital	00200	Medicare - Part A	342,497.	
00100	Hospital	00300	Medicare - Part B	50,031.	
00100	Hospital	00500	Medicaid	3,642,911.	
20000	Total Settlement Summary	00200	Medicare - Part A	342,497.	
20000	Total Settlement Summary	00300	Medicare - Part B	50,031.	
20000	Total Settlement Summary	00500	Medicaid	3,642,911.	
S10	Wkst S-10 Hospital Uncompensated and Indigent Care Data				
00100	Cost to Charge Ratio (Worksheet C Part 1 Line 200 Col 3 Divided by Line 200 Col 8)	00100	Amounts	0.085063	CC Ratio
00200	Net Revenue From Medicaid	00100	Amounts	21,907,190.	
00300	Did you receive DSH or supplemental payment from Medicaid?	00100	Question	Y	Answer
00400	If line 3 is yes, does line 2 included all DSH or supplemental payments from Medicaid?	00100	Question	N	Answer

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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

S10	Wkst S-10 Hospital Uncompensated and Indigent Care Data				
00500	If line 4 is no, enter DSH or supplemental payment from Medicaid.	00100	Amounts	387,668.	
00600	Medicaid Charges	00100	Amounts	390,941,397.	Charges
00700	Medicaid Cost (Line 01 Times Line 06)	00100	Amounts	33,254,648.	Cost
00800	Difference Between Net Revenue and Cost For Medicaid Program (Line 02 Plus Line 05 Minus Line 07)	00100	Amounts	10,959,790.	
01900	Total Unreimbursed Cost From Medicaid, SCHIP, and State and Local Indigent Care Programs (Sum of Lines 08, 12 and 16)	00100	Amounts	10,959,790.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00100	Uninsured Patients	160,650,483.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00200	Insured Patients	293,109.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00300	Total (Col 01 & 02)	160,943,592.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00100	Uninsured Patients	13,665,412.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00200	Insured Patients	127,971.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00300	Total (Col 01 & 02)	13,793,383.	
02300	Cost of Charity Care (Line 21 Minus 22)	00100	Uninsured Patients	13,665,412.	
02300	Cost of Charity Care (Line 21 Minus 22)	00200	Insured Patients	127,971.	
02300	Cost of Charity Care (Line 21 Minus 22)	00300	Total (Col 01 & 02)	13,793,383.	
02400	Does the Amount in Line 20, Col 2 Include Charges for Patient Days Beyond a Length of Stay Limit for Medicaid Patients	00100	Amounts		Y
02500	If Line 24 is Yes, Enter Charges for Patient Days Beyond as Indigent Care Programs's Length of Stay Limit (See Instructions)	00100	Amounts	180,491.	
02600	Total Bad Debt Expense For the Entire Hospital Complex (See Instructions)	00100	Amounts	22,660,658.	
02700	Medicare Bad Debts For the Entire Hospital Complex (See Instructions)	00100	Amounts	634,614.	
02701		00100	Amounts	976,330.	
02800	Non-Medicare and Non-Reimbursable Bad Debt Expense (Line 26 Minus Line 27)	00100	Amounts	21,684,328.	

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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

S10 Wkst S-10 Hospital Uncompensated and Indigent Care Data					
02900	Cost of Non-Medicare Bad Debt Expense (Line 01 Times Line 28)	00100	Amounts	2,186,250.	
03000	Cost of Non-Medicare Uncompensated Care (Line 23 Col 03 Plus Line 29)	00100	Amounts	15,979,633.	
03100	Total Unreimbursed and Uncompensated Care Cost (Line 19 Plus Line 30)	00100	Amounts	26,939,423.	
S20 Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
00100	Information	00200	CCN Number	1150	
00300	Hospital	00200	CCN Number	100269	
00300	Hospital	00300	CBSA Number	48424	
00300	Hospital	00400	Provider Type	1.	
00300	Hospital	00500	Date Certified	03/06/1986	
00300	Hospital	00600	Payment - Title 5	N	
00300	Hospital	00700	Payment - Medicare	P	
00300	Hospital	00800	Payment - Medicaid	O	
02000	Cost Reporting Period	00100	Rept Period - From	06/01/2018	Date
02000	Cost Reporting Period	00200	Rept Period - To	05/31/2019	Date
02100	Type of Control	00100	Provider Type	4	Code
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00100	Question	Y	Answer
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00200	Question	N	Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00100	Question	Y	Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00200	Question	Y	Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00100	Question	N	Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (00200	Question	N	Answer

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

S20 Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00100	Question		N Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00200	Question		N Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00300	Question		Y Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00100	Question		3. Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00200	Question		N Answer
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00100	State Medicaid Paid	3,626.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00200	State Medicaid Elig	1,460.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00300	Out-State Medicaid Paid	16.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00400	Out-State Medicaid Elig	346.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00500	Medicaid HMO	12,373.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00600	Other Medicaid	390.	Days
02600	Geographic Classification - Enter you standard geographic classification status at the beginning of the CR period.	00100	Geographic Location		1. Urban/Rur a
02700	Geographic Classification - Enter you standard geographic classification status at the end of the CR period.	00100	Geographic Location		1. Urban/Rur a

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00100	Answer - Part 1		N Answer
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00200	Answer - Part 2		N Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00100	Discharges before 10-1		N Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00200	Discharges after 10-1		N Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00100	Title 5		N Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00200	Medicare		Y Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00300	Medicaid		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00100	Title 5		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00200	Medicare		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00300	Medicaid		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00100	Title 5		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00200	Medicare		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00300	Medicaid		N Answer
04800	Is the facility electing full federal capital payment?	00100	Title 5		N Answer
04800	Is the facility electing full federal capital payment?	00200	Medicare		N Answer

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
04800	Is the facility electing full federal capital payment?	00300	Medicaid		N Answer
05600	Is this a teaching hospital involved in training residents in approved GME programs?	00100	Question		Y Answer
05700	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs are trained at thi	00100	Question		N Answer
05800	If line 56 is yes, did the facility elect cost reimbursement for physicians services as defined by CMS 15-1 section 2148?	00100	Question		N Answer
05900	Are costs claimed cost on Worksheet A line 100? If yes, complete D-2 Part 1	00100	Question		N Answer
06000	Are you claiming nursing school and allied health costs for a program that meets the provider criteria under 413.85?	00100	Question		N Answer
06100	Did your facility receive additional FTE slots uner ACA section 5503?	00100	Question		N Answer
06300	Has your facility trained residents in non-provider settings during the cost reporting period?	00100	Question		Y Answer
06400	Enter in each column, the number of FTEs in provider and non-provider settings.	00100	Non Provider Site	1.09	FTEs
06400	Enter in each column, the number of FTEs in provider and non-provider settings.	00200	Hospital Site	2.42	FTEs
06400	Enter in each column, the number of FTEs in provider and non-provider settings.	00300	Ratio	0.31	Ratio
06500	PEDIATRICS	00100	Program Name		Name
06500	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated	00200	Program Code	5250	Code
06500	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated	00300	Non Provider Site	1.42	FTEs
06500	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated	00400	Provider Site	5.75	FTEs
06500	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated	00500	Ratio Col 03 to 04	0.198047	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

S20 Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
06600	Enter the number of unweighted primary care FTE residents attributable to rotations occurring during this cost report period.	00200	Provider Site	5.56	FTEs
06700	PEDIATRICS	00100	Program Name		Name
06700	Enter the number of FTE residents attributable to rotations occurring during this cost report period.	00200	Program Code	5250	Code
06700	Enter the number of FTE residents attributable to rotations occurring during this cost report period.	00300	Non Provider Site	7.71	FTEs
06700	Enter the number of FTE residents attributable to rotations occurring during this cost report period.	00400	Provider Site	9.39	FTEs
06700	Enter the number of FTE residents attributable to rotations occurring during this cost report period.	00500	Ratio Col 03 to 04	0.450877	Ratio
06700	FAMILY MEDICINE	00100	Program Name		Name
06700	Enter the number of FTE residents attributable to rotations occurring during this cost report period.	00200	Program Code	1350	Code
06700	Enter the number of FTE residents attributable to rotations occurring during this cost report period.	00400	Provider Site	0.01	FTEs
06700	FAMILY PRACTICE	00100	Program Name		Name
06700	Enter the number of FTE residents attributable to rotations occurring during this cost report period.	00200	Program Code	3630	Code
06700	Enter the number of FTE residents attributable to rotations occurring during this cost report period.	00400	Provider Site	0.80	FTEs
07000	Is this facility an Inpatient Psychiatric Facility (IPF), or do you contain an IPF subprovider?	00100	Question	N	Answer
07500	Is this facility an Inpatient Rehabilitation Facility (IRF) or do you contain an IRF subprovider?	00100	Question	N	Answer
08000	Is this a Long Term Care Hospital?	00100	Question	N	Answer
08100	Line missing from Documentation.	00100	Question	N	Answer
08500	Is this a new hospital under 42 CFR 413.40 TEFRA?	00100	Question	N	Answer

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
08700	Is this hospital a 'Subclause (II)' LTCH classified under 1886(d)(B)(iv)(II)?	00100	Question		N Answer
09000	Does this facility have title 5 and/or title 19 inpatient hospital services?	00100	Title 5		N Answer
09000	Does this facility have title 5 and/or title 19 inpatient hospital services?	00200	Medicaid		Y Answer
09100	Is this hospital reimbrused for title 5 and/or title 19 through the cost report either in full or part?	00100	Title 5		N Answer
09100	Is this hospital reimbrused for title 5 and/or title 19 through the cost report either in full or part?	00200	Medicaid		Y Answer
09200	Are Title 19 NF patients occupying Title 18 SNF beds (dual certification)?	00200	Medicaid		N Answer
09300	Does this facility operate an ICF/MR facility for purposes of Title 5 or 19?	00100	Title 5		N Answer
09300	Does this facility operate an ICF/MR facility for purposes of Title 5 or 19?	00200	Medicaid		N Answer
09400	Does title 5 or title 19 program reduce capital cost?	00100	Title 5		N Answer
09400	Does title 5 or title 19 program reduce capital cost?	00200	Medicaid		N Answer
09600	Does title 5 or title 19 reduce operating cost?	00100	Title 5		N Answer
09600	Does title 5 or title 19 reduce operating cost?	00200	Medicaid		N Answer
09800	Y	00100	Component Name		
09800		00200	CCN Number		Y
09801	Y	00100	Component Name		
09801		00200	CCN Number		Y
09802	Y	00100	Component Name		
09802		00200	CCN Number		Y
09803	N	00100	Component Name		
09803		00200	CCN Number		N
09804	N	00100	Component Name		
09804		00200	CCN Number		N
09805	Y	00100	Component Name		
09805		00200	CCN Number		Y
09806	Y	00100	Component Name		
09806		00200	CCN Number		Y

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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
S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
10500	Does this hospital qualify as a Critical Access Hospital(CAH)?	00100	Question		N Answer
10800	Is this a rural hospital qualifying for an exception to the CRNA fee schedule?	00100	Question		N Answer
11000	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reportin	00100	Question		N Answer
11100	N	00100	Component Name		
11500	Is this an all inclusive rate provider?	00100	Question		N Answer
11600	Are you classified as a referral center?	00100	Question		N Answer
11700	Is this facility legally required to carry malpractice insurance?	00100	Malpractice Ins		Y Answer
11800	Is the malpractice insurance a claims-made or occurrence policy?	00100	Question		2. Answer
11801	List amounts of malpractice premiums and paid losses	00100	Premiums	392,537.	Amount
11801	List amounts of malpractice premiums and paid losses	00200	Paid Losses	2,277,587.	Amount
11802	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General?	00100	Question		N Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00100	Question		N Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00200	Rural Hospital		N Answer
12100	Did this facility incur and report cost for the high cost implantable devices charged to patients?	00100	Question		Y Answer
12200	Does this cost report contain state health or similar taxes?	00100	Question		N Answer
12500	Does this facility operate a transplant center? Yes or No and enter certification date.	00100	Question		N Answer
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00100	Question		Y Answer
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00200	Chain Number	44H070	Code

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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

S20 Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
14100	HCA	00100	Chain Organization		
14100	CAHABA	00200	Chain Organization		
14100	10301	00300	Chain Organization		
14200	ONE PARK PLAZA	00100	Chain Organization		
14300	NASHVILLE	00100	Chain Organization		
14300	TN	00200	Chain Organization		
14300	37203	00300	Chain Organization		
14400	Are provider based physicians cost included in Worksheet A?	00100	Question		Y Answer
14500	If you are claiming cost for renal services on Worksheet A Line 74, are they cost for inpatient services only?	00100	Question		Y Answer
14600	Has the cost allocation methodology changed from the previously filed cost report?	00100	Question		N Answer
14700	Was there a change in the statistical basis?	00100	Question		N Answer
14800	Was there a change in the order of allocation?	00100	Question		N Answer
14900	Was the change to the simplified cost finding method?	00100	Question		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00100	Medicare Part A		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00200	Medicare Part B		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00300	Title V		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00400	Medicaid		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	CBSA Number		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Provider Type		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	Title V		N Answer

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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
S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Medicaid		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00200	Medicare Part B		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00300	Title V		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00400	Medicaid		N Answer
16500	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs?	00100	Question		N Answer
16700	Is this provider a meaningful user under 1886 (n)?	00100	Question		Y Answer
16900	If this provider is a meaningful user (line 167 is yes) and not a CAH , enter the transition factor.	00100	Transition Factor	9.99	Factor
17000	Enter in columns 1 and 2, the EHR beginning date and ending date for the reporting period, respectively (mm/dd/yyyy)	00100	EHR Beginning	01/01/2018	Date
17000	Enter in columns 1 and 2, the EHR beginning date and ending date for the reporting period, respectively (mm/dd/yyyy)	00200	EHR Ending	03/31/2018	Date
17100	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on	00100	Question		N Answer
2	Part 2 - Reimbursement Questionnaire				
00100	Has the provider changed ownership immediately prior to the beginning of the cost report period?	00100	Question		N
00200	Has the provider terminated participation in the Medicare Program?	00100	Question		N
00300	Is the provider involved in business transactions with individuals or entities that are related to the provider?	00100	Question		N Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00100	Question		Y Answer

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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

S20 Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data					
2 Part 2 - Reimbursement Questionnaire					
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00400	Part B - Date	09/26/2019	Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additioanl claims that have been billed but not included on t	00100	Information		N Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additioanl claims that have been billed but not included on t	00300	Information		N Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00100	Information		N Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00300	Information		N Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00100	Information		N Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00300	Information		N Answer
02100	Was the cost report prepared only using the provider's records?	00100	Information		N Answer
02100	Was the cost report prepared only using the provider's records?	00300	Information		N Answer
S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
1 Part 1 - Statistical Data					
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00100	Wkst Line No	30.	Line Code
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00200	Number of Beds	176.	Beds
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00300	Days Available	64,240.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00600	Medicare Inpatient Days	8,797.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00700	Medicaid Inpatient Days	2,318.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00800	Total Inpatient Days	44,750.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01300	Medicare Discharges	2,275.	Discharges

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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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01400	Medicaid Discharges	1,027.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01500	Total Discharges	13,440.	Discharges
00200	HMO and Other	00600	Medicare Inpatient Days	10,273.	Days
00200	HMO and Other	00700	Medicaid Inpatient Days	14,066.	Days
00200	HMO and Other	01300	Medicare Discharges	2,167.	Discharges
00200	HMO and Other	01400	Medicaid Discharges	4,045.	Discharges
00700	Total Adults and Pediatrics (exclude observation beds)	00200	Number of Beds	176.	Beds
00700	Total Adults and Pediatrics (exclude observation beds)	00300	Days Available	64,240.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00600	Medicare Inpatient Days	8,797.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00700	Medicaid Inpatient Days	2,318.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00800	Total Inpatient Days	44,750.	Days
00800	Intensive Care Unit	00100	Wkst Line No	31.	Line Code
00800	Intensive Care Unit	00200	Number of Beds	18.	Beds
00800	Intensive Care Unit	00300	Days Available	6,570.	Days
00800	Intensive Care Unit	00600	Medicare Inpatient Days	1,897.	Days
00800	Intensive Care Unit	00700	Medicaid Inpatient Days	390.	Days
00800	Intensive Care Unit	00800	Total Inpatient Days	5,703.	Days
00900	Coronary Care Unit	00100	Wkst Line No	32.	Line Code
01000	Burn Intensive Care Unit	00100	Wkst Line No	33.	Line Code
01100	Surgical Intensive Care Unit	00100	Wkst Line No	34.	Line Code
01200	Other Special Care	00100	Wkst Line No	35.	Line Code
01200	Other Special Care	00200	Number of Beds	10.	Beds
01200	Other Special Care	00300	Days Available	3,650.	Days
01200	Other Special Care	00700	Medicaid Inpatient Days	529.	Days
01200	Other Special Care	00800	Total Inpatient Days	2,261.	Days
01300	Nursery	00100	Wkst Line No	43.	Line Code
01300	Nursery	00700	Medicaid Inpatient Days	518.	Days
01300	Nursery	00800	Total Inpatient Days	3,621.	Days

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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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
01400	Total (see instructions)	00200	Number of Beds	204.	Beds
01400	Total (see instructions)	00300	Days Available	74,460.	Days
01400	Total (see instructions)	00600	Medicare Inpatient Days	10,694.	Days
01400	Total (see instructions)	00700	Medicaid Inpatient Days	3,755.	Days
01400	Total (see instructions)	00800	Total Inpatient Days	56,335.	Days
01400	Total (see instructions)	00900	Total Interns & Resid.	23.47	Count
01400	Total (see instructions)	01000	Employees on Payroll	799.49	FTEs
01400	Total (see instructions)	01300	Medicare Discharges	2,275.	Discharges
01400	Total (see instructions)	01400	Medicaid Discharges	1,027.	Discharges
01400	Total (see instructions)	01500	Total Discharges	13,440.	Discharges
01600	Subprovider - IPF	00100	Wkst Line No	40.	Line Code
01700	Subprovider - IRF	00100	Wkst Line No	41.	Line Code
01800	Subprovider - Other	00100	Wkst Line No	42.	Line Code
01900	Skilled Nursing Facility	00100	Wkst Line No	44.	Line Code
02000	Nursing Facility	00100	Wkst Line No	45.	Line Code
02100	Other Long Term Care	00100	Wkst Line No	46.	Line Code
02200	Home Health Agency	00100	Wkst Line No	101.	Line Code
02300	Ambulatory Surgical Center - ASC (Distinct Part)	00100	Wkst Line No	115.	Line Code
02400	Hospice (Distinct Part)	00100	Wkst Line No	116.	Line Code
02410	Hospice (Non-Distinct Part)	00100	Wkst Line No	30.	Line Code
02410	Hospice (Non-Distinct Part)	00800	Total Inpatient Days	57.	Days
02500	Community Mental Health Clinic	00100	Wkst Line No	99.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	88.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	89.	Line Code
02700	Total (Sum Lines 14 to 26)	00200	Number of Beds	204.	Beds
02700	Total (Sum Lines 14 to 26)	00900	Total Interns & Resid.	23.47	Count
02700	Total (Sum Lines 14 to 26)	01000	Employees on Payroll	799.49	FTEs
02800	Observation Bed Days	00700	Medicaid Inpatient Days	1,669.	Days
02800	Observation Bed Days	00800	Total Inpatient Days	7,400.	Days
03200	Labor and Delivery Days	00700	Medicaid Inpatient Days	390.	Days
03200	Labor and Delivery Days	00800	Total Inpatient Days	637.	Days

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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

S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
2	Part 2 - Wage Data				
00100	Total Salaries	00100	Wkst A Line Number	200.	Line Code
00100	Total Salaries	00200	Amount Reported	54,446,145.	
00100	Total Salaries	00300	Reclass. Salaries	1,318,382.	Adjustment
00100	Total Salaries	00400	Adjusted Salaries	55,764,527.	Salaries
00100	Total Salaries	00500	Paid Salary Hours	1,662,948.	Hours
00100	Total Salaries	00600	Average Hourly Amount	33.53	Average
00700	Salaries - Interns and Residents	00100	Wkst A Line Number	21.	Line Code
00700	Salaries - Interns and Residents	00300	Reclass. Salaries	1,001,282.	Adjustment
00700	Salaries - Interns and Residents	00400	Adjusted Salaries	1,001,282.	Salaries
00700	Salaries - Interns and Residents	00500	Paid Salary Hours	37,717.	Hours
00700	Salaries - Interns and Residents	00600	Average Hourly Amount	26.55	Average
00900	Salaries - Skilled Nursing Facility	00100	Wkst A Line Number	44.	Line Code
01000	Salaries - Excludes Area	00200	Amount Reported	23,459.	
01000	Salaries - Excludes Area	00400	Adjusted Salaries	23,459.	Salaries
01000	Salaries - Excludes Area	00500	Paid Salary Hours	464.	Hours
01000	Salaries - Excludes Area	00600	Average Hourly Amount	50.56	Average
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00200	Amount Reported	1,885,379.	
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00400	Adjusted Salaries	1,885,379.	Salaries
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00500	Paid Salary Hours	38,795.	Hours
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00600	Average Hourly Amount	48.60	Average
01401		00200	Amount Reported	12,441,996.	
01401		00400	Adjusted Salaries	12,441,996.	Salaries
01401		00500	Paid Salary Hours	318,623.	Hours
01401		00600	Average Hourly Amount	39.05	Average
01402		00200	Amount Reported	1,339,572.	
01402		00400	Adjusted Salaries	1,339,572.	Salaries
01402		00500	Paid Salary Hours	32,947.	Hours
01402		00600	Average Hourly Amount	40.66	Average
01700	Wage Related Costs - Core	00200	Amount Reported	17,181,443.	

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

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
03000	Overhead Cost - Operation of Plant	00600	Average Hourly Amount	31.32	Average
03100	Overhead Cost - Laundry and Linen Service	00100	Wkst A Line Number	8.	Line Code
03200	Overhead Cost - Housekeeping	00100	Wkst A Line Number	9.	Line Code
03200	Overhead Cost - Housekeeping	00200	Amount Reported	1,253,799.	
03200	Overhead Cost - Housekeeping	00400	Adjusted Salaries	1,253,799.	Salaries
03200	Overhead Cost - Housekeeping	00500	Paid Salary Hours	83,142.	Hours
03200	Overhead Cost - Housekeeping	00600	Average Hourly Amount	15.08	Average
03400	Overhead Cost - Dietary	00100	Wkst A Line Number	10.	Line Code
03400	Overhead Cost - Dietary	00200	Amount Reported	1,341,800.	
03400	Overhead Cost - Dietary	00300	Reclass. Salaries	-521,866.	Adjustment
03400	Overhead Cost - Dietary	00400	Adjusted Salaries	819,934.	Salaries
03400	Overhead Cost - Dietary	00500	Paid Salary Hours	43,687.	Hours
03400	Overhead Cost - Dietary	00600	Average Hourly Amount	18.77	Average
03600	Overhead Cost - Cafeteria	00100	Wkst A Line Number	11.	Line Code
03600	Overhead Cost - Cafeteria	00300	Reclass. Salaries	521,866.	Adjustment
03600	Overhead Cost - Cafeteria	00400	Adjusted Salaries	521,866.	Salaries
03600	Overhead Cost - Cafeteria	00500	Paid Salary Hours	27,806.	Hours
03600	Overhead Cost - Cafeteria	00600	Average Hourly Amount	18.77	Average
03700	Overhead Cost - Maintenance of Personnel	00100	Wkst A Line Number	12.	Line Code
03800	Overhead Cost - Nursing Administration	00100	Wkst A Line Number	13.	Line Code
03800	Overhead Cost - Nursing Administration	00200	Amount Reported	973,662.	
03800	Overhead Cost - Nursing Administration	00400	Adjusted Salaries	973,662.	Salaries
03800	Overhead Cost - Nursing Administration	00500	Paid Salary Hours	21,201.	Hours
03800	Overhead Cost - Nursing Administration	00600	Average Hourly Amount	45.93	Average
03900	Overhead Cost - Central Services and Supply	00100	Wkst A Line Number	14.	Line Code
04000	Overhead Cost - Pharmacy	00100	Wkst A Line Number	15.	Line Code
04000	Overhead Cost - Pharmacy	00300	Reclass. Salaries	1,945,602.	Adjustment
04000	Overhead Cost - Pharmacy	00400	Adjusted Salaries	1,945,602.	Salaries
04000	Overhead Cost - Pharmacy	00500	Paid Salary Hours	48,306.	Hours
04000	Overhead Cost - Pharmacy	00600	Average Hourly Amount	40.28	Average

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

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
04100	Overhead Cost - Medical Records & Medical Records Library	00100	Wkst A Line Number	16.	Line Code
04200	Overhead Cost - Social Service	00100	Wkst A Line Number	17.	Line Code
04300	Overhead Cost - Other General Services	00100	Wkst A Line Number	18.	Line Code
3	Part 3 - Hospital Wage Index Summary				
00100	Net Salaries	00200	Amount Reported	55,226,948.	Salaries
00100	Net Salaries	00300	Reclass. Salaries	317,100.	Salaries
00100	Net Salaries	00400	Adjusted Salaries	55,544,048.	Salaries
00100	Net Salaries	00500	Paid Salary Hours	1,650,736.	Hours
00100	Net Salaries	00600	Average Hourly Amount	33.65	Average
00200	Excluded Area Salaries	00200	Amount Reported	23,459.	Salaries
00200	Excluded Area Salaries	00400	Adjusted Salaries	23,459.	Salaries
00200	Excluded Area Salaries	00500	Paid Salary Hours	464.	Hours
00200	Excluded Area Salaries	00600	Average Hourly Amount	50.56	Average
00300	Sub Total Salaries (Line 01 Minus 02)	00200	Amount Reported	55,203,489.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00300	Reclass. Salaries	317,100.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00400	Adjusted Salaries	55,520,589.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00500	Paid Salary Hours	1,650,272.	Hours
00300	Sub Total Salaries (Line 01 Minus 02)	00600	Average Hourly Amount	33.64	Average
00400	Sub Total Other Wages and Related Costs	00200	Amount Reported	15,666,947.	Salaries
00400	Sub Total Other Wages and Related Costs	00400	Adjusted Salaries	15,666,947.	Salaries
00400	Sub Total Other Wages and Related Costs	00500	Paid Salary Hours	390,365.	Hours
00400	Sub Total Other Wages and Related Costs	00600	Average Hourly Amount	40.13	Average
00500	Sub Total Wage Related Costs	00200	Amount Reported	20,082,824.	Salaries
00500	Sub Total Wage Related Costs	00400	Adjusted Salaries	20,082,824.	Salaries
00500	Sub Total Wage Related Costs	00600	Average Hourly Amount	36.17	Average
00600	Total (Sum of Lines 03 to 05)	00200	Amount Reported	90,953,260.	Salaries
00600	Total (Sum of Lines 03 to 05)	00300	Reclass. Salaries	317,100.	Salaries
00600	Total (Sum of Lines 03 to 05)	00400	Adjusted Salaries	91,270,360.	Salaries
00600	Total (Sum of Lines 03 to 05)	00500	Paid Salary Hours	2,040,637.	Hours
00600	Total (Sum of Lines 03 to 05)	00600	Average Hourly Amount	44.73	Average
00700	Total Overhead Cost (See Instructions)	00200	Amount Reported	9,389,411.	Salaries
00700	Total Overhead Cost (See Instructions)	00300	Reclass. Salaries	2,082,686.	Salaries

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

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
3	Part 3 - Hospital Wage Index Summary				
00700	Total Overhead Cost (See Instructions)	00400	Adjusted Salaries	11,472,097.	Salaries
00700	Total Overhead Cost (See Instructions)	00500	Paid Salary Hours	370,990.	Hours
00700	Total Overhead Cost (See Instructions)	00600	Average Hourly Amount	30.92	Average
4	Part 4 - Core List				
00100	Retirement - 401K Employer Contributions	00100	Amount	1,886,207.	
00300	Retirement - Non-Qualified Defined Benefit Plan Cost	00100	Amount	-174.	
00500	Plan Admin Cost - 401K TSA Plan Administration Fees	00100	Amount	108,752.	
00803		00100	Amount	9,249,923.	
01000	Dental, Hearing and Vision Plan	00100	Amount	62,268.	
01100	Life Insurance (If Employee Is Owner or Beneficiary)	00100	Amount	66,675.	
01300	Disability Insurance (If Employee Is Owner or Beneficiary)	00100	Amount	688,513.	
01500	Workers Compensation Insurance	00100	Amount	739,242.	
01700	FICA-Employers Portion Only	00100	Amount	3,722,055.	
01800	Medicare Texas - Employers Portion Only	00100	Amount	870,240.	
02000	State or Federal Unemployment Taxes	00100	Amount	56,638.	
02300	Tuition Reimbursement	00100	Amount	52,744.	
02400	Total Wage Related Cost (Sum lines 01-23)	00100	Amount	17,503,083.	
5	Part 3 - Contract Labor and Benefit Cost				
00100	Total Facility Contract Labor and Benefit Cost	00100	Contract Labor	1,885,379.	
00100	Total Facility Contract Labor and Benefit Cost	00200	Benefit Cost	17,503,083.	
00200	Hospital	00100	Contract Labor	1,885,379.	
00200	Hospital	00200	Benefit Cost	17,181,443.	
01800	Other	00200	Benefit Cost	321,640.	

100275 WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414

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

S00	Wkst S Hospital and Hospital Healthcare Complex Cost Report Certification and Settlement Summary				
1	Part 1 - Cost Report Status				
00100	Electronically Filed Cost Report?	00100	Information		X

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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

S10	Wkst S-10 Hospital Uncompensated and Indigent Care Data				
01200	Difference Between Net Revenue and Cost For Stand-Alone SCHIP (Line 09 Minus Line 11)	00100	Amounts	35,936.	
01300	Net Revenue From State or Local Indigent Care Program (Not Included on Lines 02, 05 or 09)	00100	Amounts	220,704.	
01400	Charges from Patient Covered Under State or Local Indigent Care Program (Not Included in Lines 06 or 10)	00100	Amounts	9,074,349.	Charges
01500	State or Local Indigent Care Program Cost (Line 01 Times Line 14)	00100	Amounts	971,654.	
01600	Difference Between Net Revenue and Costs for State or Local Indigent Care Program (Line 13 Minus Line 15)	00100	Amounts	750,950.	
01900	Total Unreimbursed Cost From Medicaid, SCHIP, and State and Local Indigent Care Programs (Sum of Lines 08, 12 and 16)	00100	Amounts	11,247,071.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00100	Uninsured Patients	82,277,745.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00200	Insured Patients	453,620.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00300	Total (Col 01 & 02)	82,731,365.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00100	Uninsured Patients	8,810,054.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00200	Insured Patients	453,620.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00300	Total (Col 01 & 02)	9,263,674.	
02300	Cost of Charity Care (Line 21 Minus 22)	00100	Uninsured Patients	8,810,054.	
02300	Cost of Charity Care (Line 21 Minus 22)	00200	Insured Patients	453,620.	
02300	Cost of Charity Care (Line 21 Minus 22)	00300	Total (Col 01 & 02)	9,263,674.	
02400	Does the Amount in Line 20, Col 2 Include Charges for Patient Days Beyond a Length of Stay Limit for Medicaid Patients	00100	Amounts	N	
02600	Total Bad Debt Expense For the Entire Hospital Complex (See Instructions)	00100	Amounts	39,122,418.	
02700	Medicare Bad Debts For the Entire Hospital Complex (See Instructions)	00100	Amounts	233,431.	
02701		00100	Amounts	359,124.	
02800	Non-Medicare and Non-Reimbursable Bad Debt Expense (Line 26 Minus Line 27)	00100	Amounts	38,763,294.	

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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

S10 Wkst S-10 Hospital Uncompensated and Indigent Care Data					
02900	Cost of Non-Medicare Bad Debt Expense (Line 01 Times Line 28)	00100	Amounts	4,276,350.	
03000	Cost of Non-Medicare Uncompensated Care (Line 23 Col 03 Plus Line 29)	00100	Amounts	13,540,024.	
03100	Total Unreimbursed and Uncompensated Care Cost (Line 19 Plus Line 30)	00100	Amounts	24,787,095.	
S20 Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
00100	Information	00200	CCN Number	024627	
00300	Hospital	00200	CCN Number	100275	
00300	Hospital	00300	CBSA Number	48424	
00300	Hospital	00400	Provider Type	1.	
00300	Hospital	00500	Date Certified	10/09/1986	
00300	Hospital	00600	Payment - Title 5	N	
00300	Hospital	00700	Payment - Medicare	P	
00300	Hospital	00800	Payment - Medicaid	O	
02000	Cost Reporting Period	00100	Rept Period - From	01/01/2019	Date
02000	Cost Reporting Period	00200	Rept Period - To	12/31/2019	Date
02100	Type of Control	00100	Provider Type	4	Code
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00100	Question	Y	Answer
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00200	Question	N	Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00100	Question	Y	Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00200	Question	Y	Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00100	Question	N	Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (00200	Question	N	Answer

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100275	WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL			33414	

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00100	Answer - Part 1		N Answer
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00200	Answer - Part 2		N Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00100	Discharges before 10-1		Y Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00200	Discharges after 10-1		Y Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00100	Title 5		N Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00200	Medicare		Y Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00300	Medicaid		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00100	Title 5		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00200	Medicare		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00300	Medicaid		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00100	Title 5		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00200	Medicare		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00300	Medicaid		N Answer
04800	Is the facility electing full federal capital payment?	00100	Title 5		N Answer
04800	Is the facility electing full federal capital payment?	00200	Medicare		N Answer

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100275	WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL			33414		

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data					
1	Part 1 - Complex Identification Data					
04800	Is the facility electing full federal capital payment?	00300	Medicaid		N	Answer
05600	Is this a teaching hospital involved in training residents in approved GME programs?	00100	Question		Y	Answer
05600	Is this a teaching hospital involved in training residents in approved GME programs?	00200	CCN Number		N	Answer
05700	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs are trained at thi	00100	Question		N	Answer
05800	If line 56 is yes, did the facility elect cost reimbursement for physicians services as defined by CMS 15-1 section 2148?	00100	Question		N	Answer
05900	Are costs claimed cost on Worksheet A line 100? If yes, complete D-2 Part 1	00100	Question		N	Answer
06000	Are you claiming nursing school and allied health costs for a program that meets the provider criteria under 413.85?	00100	Question		N	Answer
06100	Did your facility receive additional FTE slots uner ACA section 5503?	00100	Question		Y	Answer
06100	Did your facility receive additional FTE slots uner ACA section 5503?	00400	IME Average	9.00		FTEs
06100	Did your facility receive additional FTE slots uner ACA section 5503?	00500	GME Average	9.00		FTEs
06300	Has your facility trained residents in non-provider settings during the cost reporting period?	00100	Question		Y	Answer
06400	Enter in each column, the number of FTEs in provider and non-provider settings.	00200	Hospital Site	2.05		FTEs
06500	INTERNAL MEDICINE	00100	Program Name			Name
06500	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated	00200	Program Code	1400		Code
06500	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated	00300	Non Provider Site	0.75		FTEs
06500	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated	00400	Provider Site	10.51		FTEs

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100275	WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414				

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S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
06500	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated	00500	Ratio Col 03 to 04	0.066607	Ratio
06501	FAMILY MEDICINE	00100	Program Name		Name
06501		00200	Program Code	1350	Code
06501		00400	Provider Site	0.46	FTEs
06700	INTERNAL MEDICINE	00100	Program Name		Name
06700	Enter the number of FTE residents attributable to rotations occurring during this cost report period.	00200	Program Code	1400	Code
06700	Enter the number of FTE residents attributable to rotations occurring during this cost report period.	00300	Non Provider Site	1.26	FTEs
06700	Enter the number of FTE residents attributable to rotations occurring during this cost report period.	00400	Provider Site	17.73	FTEs
06700	Enter the number of FTE residents attributable to rotations occurring during this cost report period.	00500	Ratio Col 03 to 04	0.066351	Ratio
07000	Is this facility an Inpatient Psychiatric Facility (IPF), or do you contain an IPF subprovider?	00100	Question		N Answer
07500	Is this facility an Inpatient Rehabilitation Facility (IRF) or do you contain an IRF subprovider?	00100	Question		N Answer
08000	Is this a Long Term Care Hospital?	00100	Question		N Answer
08100	Line missing from Documentation.	00100	Question		N Answer
08500	Is this a new hospital under 42 CFR 413.40 TEFRA?	00100	Question		N Answer
08700	Is this hospital a 'Subclause (II)' LTCH classified under 1886(d)(B)(iv)(II)?	00100	Question		N Answer
09000	Does this facility have title 5 and/or title 19 inpatient hospital services?	00100	Title 5		N Answer
09000	Does this facility have title 5 and/or title 19 inpatient hospital services?	00200	Medicaid		Y Answer
09100	Is this hospital reimbursed for title 5 and/or title 19 through the cost report either in full or part?	00100	Title 5		N Answer
09100	Is this hospital reimbursed for title 5 and/or title 19 through the cost report either in full or part?	00200	Medicaid		Y Answer

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100275	WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414				

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
1	Part 1 - Complex Identification Data				
09200	Are Title 19 NF patients occupying Title 18 SNF beds (dual certification)?	00200	Medicaid		N Answer
09300	Does this facility operate an ICF/MR facility for purposes of Title 5 or 19?	00100	Title 5		N Answer
09300	Does this facility operate an ICF/MR facility for purposes of Title 5 or 19?	00200	Medicaid		N Answer
09400	Does title 5 or title 19 program reduce capital cost?	00100	Title 5		N Answer
09400	Does title 5 or title 19 program reduce capital cost?	00200	Medicaid		N Answer
09600	Does title 5 or title 19 reduce operating cost?	00100	Title 5		N Answer
09600	Does title 5 or title 19 reduce operating cost?	00200	Medicaid		N Answer
09800	Y	00100	Component Name		
09800		00200	CCN Number		N
09801	Y	00100	Component Name		
09801		00200	CCN Number		Y
09802	Y	00100	Component Name		
09802		00200	CCN Number		N
09803	N	00100	Component Name		
09803		00200	CCN Number		N
09804	N	00100	Component Name		
09804		00200	CCN Number		N
09805	Y	00100	Component Name		
09805		00200	CCN Number		Y
09806	Y	00100	Component Name		
09806		00200	CCN Number		Y
10500	Does this hospital qualify as a Critical Access Hospital(CAH)?	00100	Question		N Answer
10600	If this facility qualifies as a CAH, has it elected the all inclusive method of payment for outpatient services?	00100	Question		N Answer
10700	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs?	00100	Question		N Answer
10800	Is this a rural hospital qualifying for an exception to the CRNA fee schedule?	00100	Question		N Answer

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100275	WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414				

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
1	Part 1 - Complex Identification Data				
10900	If this hospital qualifies as a CAH or cost provider, are therapy services provided by an outside supplier?	00100	Physical		N Answer
10900	If this hospital qualifies as a CAH or cost provider, are therapy services provided by an outside supplier?	00200	Occupational		N Answer
10900	If this hospital qualifies as a CAH or cost provider, are therapy services provided by an outside supplier?	00300	Speech		N Answer
10900	If this hospital qualifies as a CAH or cost provider, are therapy services provided by an outside supplier?	00400	Respiratory		N Answer
11000	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reportin	00100	Question		N Answer
11100	N	00100	Component Name		
11200	N	00100	Component Name		
11500	Is this an all inclusive rate provider?	00100	Question		N Answer
11600	Are you classified as a referral center?	00100	Question		N Answer
11700	Is this facility legally required to carry malpractice insurance?	00100	Malpractice Ins		Y Answer
11800	Is the malpractice insurance a claims-made or occurrence policy?	00100	Question		2. Answer
11801	List amounts of malpractice premiums and paid losses	00300	Self Insurance	5,635,894.	Amount
11802	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General?	00100	Question		N Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00100	Question		N Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00200	Rural Hospital		N Answer
12100	Did this facility incur and report cost for the high cost implantable devices charged to patients?	00100	Question		Y Answer
12200	Does this cost report contain state health or similar taxes?	00100	Question		N Answer

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100275 WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414

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S20 Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
12500	Does this facility operate a transplant center? Yes or No and enter certification date.	00100	Question		N Answer
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00100	Question		Y Answer
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00200	Chain Number	HB2125	Code
14100	UNIVERSAL HEALTH SERVICES INC	00100	Chain Organization		
14100	NOVITAS	00200	Chain Organization		
14100	12501	00300	Chain Organization		
14200	367 SOUTH GULPH ROAD	00100	Chain Organization		
14200	Home Office Address	00200	CCN Number	61558	
14300	KING OF PRUSSIA	00100	Chain Organization		
14300	PA	00200	Chain Organization		
14300	19406	00300	Chain Organization		
14400	Are provider based physicians cost included in Worksheet A?	00100	Question		Y Answer
14500	If you are claiming cost for renal services on Worksheet A Line 74, are they cost for inpatient services only?	00100	Question		Y Answer
14600	Has the cost allocation methodology changed from the previously filed cost report?	00100	Question		N Answer
14700	Was there a change in the statistical basis?	00100	Question		N Answer
14800	Was there a change in the order of allocation?	00100	Question		N Answer
14900	Was the change to the simplified cost finding method?	00100	Question		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00100	Medicare Part A		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00200	Medicare Part B		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00300	Title V		N Answer

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100275	WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414				

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00400	Medicaid		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	CBSA Number		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Provider Type		N Answer

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100275	WELLINGTON REGL MEDICAL CENTER	WEST PALM BEACH, FL	33414		

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
1	Part 1 - Complex Identification Data				
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	Title V		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Medicaid		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00200	Medicare Part B		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00300	Title V		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00400	Medicaid		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00200	CCN Number		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00300	CBSA Number		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00400	Provider Type		N Answer
16500	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs?	00100	Question		N Answer
16700	Is this provider a meaningful user under 1886 (n)?	00100	Question		Y Answer
16900	If this provider is a meaningful user (line 167 is yes) and not a CAH , enter the transition factor.	00100	Transition Factor	9.99	Factor
17100	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on	00100	Question		N Answer

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S20 Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data					
2 Part 2 - Reimbursement Questionnaire					
00100	Has the provider changed ownership immediately prior to the beginning of the cost report period?	00100	Question		N
00200	Has the provider terminated participation in the Medicare Program?	00100	Question		N
00300	Is the provider involved in business transactions with individuals or entities that are related to the provider?	00100	Question		N Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00100	Question		Y Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00200	Type of Statements		A Answer
00500	Are the cost report total expenses and total revenues different from those on filed financial statements?	00100	Question		N Answer
00600	Were cost claimed for nursing school?	00100	Question		N Answer
00700	Were cost claimed for allied health programs?	00100	Question		N Answer
00800	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	00100	Question		N Answer
00900	Are cost claimed for Intern-Resident programs claimed on the current cost report?	00100	Question		Y Answer
01000	Was an Intern-Resident program initiated or renewed in the current cost reporting period?	00100	Question		N Answer
01100	Are GME cost directly assigned to cost centers other than I&R in an Approved Teaching Program on Worksheet A?	00100	Question		N Answer
01200	Is the provider seeking reimbursement for bad debts?	00100	Question		Y Answer
01300	If line 12 is yes, did the provider's bad debt collection policy change during the cost reporting period?	00100	Question		N Answer
01400	If line 12 is yes, are patient deductibles and/or co-payments waived?	00100	Question		Y Answer
01500	Have total beds available changed from prior cost reporting period?	00100	Question		Y Answer
01600	Was the cost report prepared using the PS&R only?	00100	Part A - Question		Y Answer

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100275	WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL			33414	

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
2	Part 2 - Reimbursement Questionnaire				
02500	Have there been new capitalized leases entered into during the cost reporting period?	00100	Question		N Answer
02600	Were assets subject to Section 2314 of DEFRA acquired during the cost reporting period?	00100	Question		N Answer
02700	Has the provider's capitalization policy changed during the cost reporting period?	00100	Question		N Answer
02800	Were new loans, mortgage agreement or letters of credit entered into during the cost reporting period?	00100	Question		N Answer
02900	Did the provider have a funded depreciation account and/or bond funds treated as a funded depreciation account?	00100	Question		N Answer
03000	Has existing debt been replaced prior to its scheduled maturity with new debt?	00100	Question		N Answer
03100	Has debt been recalled before scheduled maturity without issuance of new debt?	00100	Question		N Answer
03200	Have changes or new agreement ocured in patient care services furnished through contractual arrangements with suppliers of s	00100	Question		N Answer
03300	If line 32 is yes, were the requirements of section 2135.2 applied pertaining to competitive bidding?	00100	Question		N Answer
03400	Are services furnished at the provider facility under an arrangement with provider-based physicians?	00100	Question		N Answer
03500	If line 34 is yes, were the new agreement or amended existing agreements with provider-based physicians during in the current	00100	Information		N Answer
03600	Are home office cost claimed on the cost report?	00100	Question		Y Answer
03700	If line 36 is yes, has a home office cost statement been prepared by the home office?	00100	Question		Y Answer
03800	If line 36 is yes, was the fiscal year end of the home office differenct from the provider?	00100	Question		N Answer
03900	if line 36 is yes, did the provider render services to other chain components?	00100	Question		N Answer
04000	If line 36 is yes, did the provider render services to the home office?	00100	Question		N Answer

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100275	WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414				

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00100	Wkst Line No	30.	Line Code
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00200	Number of Beds	192.	Beds
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00300	Days Available	69,310.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00600	Medicare Inpatient Days	10,761.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00700	Medicaid Inpatient Days	4,906.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00800	Total Inpatient Days	46,468.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01300	Medicare Discharges	2,595.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01400	Medicaid Discharges	381.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01500	Total Discharges	14,898.	Discharges
00200	HMO and Other	00600	Medicare Inpatient Days	14,627.	Days
00200	HMO and Other	00700	Medicaid Inpatient Days	8,924.	Days
00200	HMO and Other	01300	Medicare Discharges	3,317.	Discharges
00700	Total Adults and Pediatrics (exclude observation beds)	00200	Number of Beds	192.	Beds
00700	Total Adults and Pediatrics (exclude observation beds)	00300	Days Available	69,310.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00600	Medicare Inpatient Days	10,761.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00700	Medicaid Inpatient Days	4,906.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00800	Total Inpatient Days	46,468.	Days
00800	Intensive Care Unit	00100	Wkst Line No	31.	Line Code
00800	Intensive Care Unit	00200	Number of Beds	16.	Beds
00800	Intensive Care Unit	00300	Days Available	5,840.	Days
00800	Intensive Care Unit	00600	Medicare Inpatient Days	1,339.	Days
00800	Intensive Care Unit	00700	Medicaid Inpatient Days	249.	Days
00800	Intensive Care Unit	00800	Total Inpatient Days	4,821.	Days

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100275	WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414				

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
00800	Intensive Care Unit	00100	Wkst Line No	31.01	Line Code
00800	Intensive Care Unit	00200	Number of Beds	25.	Beds
00800	Intensive Care Unit	00300	Days Available	9,005.	Days
00800	Intensive Care Unit	00700	Medicaid Inpatient Days	400.	Days
00800	Intensive Care Unit	00800	Total Inpatient Days	2,488.	Days
00900	Coronary Care Unit	00100	Wkst Line No	32.	Line Code
01000	Burn Intensive Care Unit	00100	Wkst Line No	33.	Line Code
01100	Surgical Intensive Care Unit	00100	Wkst Line No	34.	Line Code
01200	Other Special Care	00100	Wkst Line No	35.	Line Code
01300	Nursery	00100	Wkst Line No	43.	Line Code
01300	Nursery	00700	Medicaid Inpatient Days	295.	Days
01300	Nursery	00800	Total Inpatient Days	5,581.	Days
01400	Total (see instructions)	00200	Number of Beds	233.	Beds
01400	Total (see instructions)	00300	Days Available	84,155.	Days
01400	Total (see instructions)	00600	Medicare Inpatient Days	12,100.	Days
01400	Total (see instructions)	00700	Medicaid Inpatient Days	5,850.	Days
01400	Total (see instructions)	00800	Total Inpatient Days	59,358.	Days
01400	Total (see instructions)	00900	Total Interns & Resid.	17.73	Count
01400	Total (see instructions)	01000	Employees on Payroll	1,001.01	FTEs
01400	Total (see instructions)	01300	Medicare Discharges	2,595.	Discharges
01400	Total (see instructions)	01400	Medicaid Discharges	381.	Discharges
01400	Total (see instructions)	01500	Total Discharges	14,898.	Discharges
01600	Subprovider - IPF	00100	Wkst Line No	40.	Line Code
01700	Subprovider - IRF	00100	Wkst Line No	41.	Line Code
01800	Subprovider - Other	00100	Wkst Line No	42.	Line Code
01900	Skilled Nursing Facility	00100	Wkst Line No	44.	Line Code
02000	Nursing Facility	00100	Wkst Line No	45.	Line Code
02000	Nursing Facility	00100	Wkst Line No	45.01	Line Code
02100	Other Long Term Care	00100	Wkst Line No	46.	Line Code
02200	Home Health Agency	00100	Wkst Line No	101.	Line Code
02300	Ambulatory Surgical Center - ASC (Distinct Part)	00100	Wkst Line No	115.	Line Code
02400	Hospice (Distinct Part)	00100	Wkst Line No	116.	Line Code

CR Hospital Reference Report 2019

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Line 100275 Wellington Regl Medical Center Col WEST PALM BEACH, FL Line Value 33414 Type

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

S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
1 Part 1 - Statistical Data					
02410	Hospice (Non-Distinct Part)	00100	Wkst Line No	30.	Line Code
02500	Community Mental Health Clinic	00100	Wkst Line No	99.	Line Code
02500	Community Mental Health Clinic	00100	Wkst Line No	99.10	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	88.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	89.	Line Code
02700	Total (Sum Lines 14 to 26)	00200	Number of Beds	233.	Beds
02700	Total (Sum Lines 14 to 26)	00900	Total Interns & Resid.	17.73	Count
02700	Total (Sum Lines 14 to 26)	01000	Employees on Payroll	1,001.01	FTEs
02800	Observation Bed Days	00700	Medicaid Inpatient Days	739.	Days
02800	Observation Bed Days	00800	Total Inpatient Days	6,083.	Days
03200	Labor and Delivery Days	00800	Total Inpatient Days	1.	Days
2 Part 2 - Wage Data					
00100	Total Salaries	00100	Wkst A Line Number	200.	Line Code
00100	Total Salaries	00200	Amount Reported	64,830,772.	
00100	Total Salaries	00300	Reclass. Salaries	1,111,366.	Adjustment
00100	Total Salaries	00400	Adjusted Salaries	65,942,138.	Salaries
00100	Total Salaries	00500	Paid Salary Hours	1,950,701.	Hours
00100	Total Salaries	00600	Average Hourly Amount	33.80	Average
00700	Salaries - Interns and Residents	00100	Wkst A Line Number	21.	Line Code
00700	Salaries - Interns and Residents	00200	Amount Reported	955,485.	
00700	Salaries - Interns and Residents	00400	Adjusted Salaries	955,485.	Salaries
00700	Salaries - Interns and Residents	00500	Paid Salary Hours	38,237.	Hours
00700	Salaries - Interns and Residents	00600	Average Hourly Amount	24.99	Average
00800	Salaries - Home Office Personnel	00300	Reclass. Salaries	1,111,366.	Adjustment
00800	Salaries - Home Office Personnel	00400	Adjusted Salaries	1,111,366.	Salaries
00800	Salaries - Home Office Personnel	00500	Paid Salary Hours	37,611.	Hours
00800	Salaries - Home Office Personnel	00600	Average Hourly Amount	29.55	Average
00900	Salaries - Skilled Nursing Facility	00100	Wkst A Line Number	44.	Line Code
01000	Salaries - Excludes Area	00300	Reclass. Salaries	476,185.	Adjustment

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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
01000	Salaries - Excludes Area	00400	Adjusted Salaries	476,185.	Salaries
01000	Salaries - Excludes Area	00500	Paid Salary Hours	8,346.	Hours
01000	Salaries - Excludes Area	00600	Average Hourly Amount	57.06	Average
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00200	Amount Reported	1,660,396.	
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00400	Adjusted Salaries	1,660,396.	Salaries
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00500	Paid Salary Hours	23,080.	Hours
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00600	Average Hourly Amount	71.94	Average
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00200	Amount Reported	434,101.	
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00400	Adjusted Salaries	434,101.	Salaries
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00500	Paid Salary Hours	684.	Hours
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00600	Average Hourly Amount	634.65	Average
01401		00200	Amount Reported	5,414,053.	
01401		00400	Adjusted Salaries	5,414,053.	Salaries
01401		00500	Paid Salary Hours	69,151.	Hours
01401		00600	Average Hourly Amount	78.29	Average
01700	Wage Related Costs - Core	00200	Amount Reported	12,189,583.	
01700	Wage Related Costs - Core	00400	Adjusted Salaries	12,189,583.	Salaries
01900	Wage Related Costs - Excluded Areas	00200	Amount Reported	89,978.	
01900	Wage Related Costs - Excluded Areas	00400	Adjusted Salaries	89,978.	Salaries
02500	Wage Related Cost - Intern and Residents	00200	Amount Reported	180,544.	
02500	Wage Related Cost - Intern and Residents	00400	Adjusted Salaries	180,544.	Salaries
02550		00200	Amount Reported	1,004,031.	
02550		00400	Adjusted Salaries	1,004,031.	Salaries
02600	Overhead Cost - Employee Benefits	00100	Wkst A Line Number	4.	Line Code
02600	Overhead Cost - Employee Benefits	00200	Amount Reported	396,040.	
02600	Overhead Cost - Employee Benefits	00400	Adjusted Salaries	396,040.	Salaries
02600	Overhead Cost - Employee Benefits	00500	Paid Salary Hours	10,325.	Hours

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

S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
2 Part 2 - Wage Data					
02600	Overhead Cost - Employee Benefits	00600	Average Hourly Amount	38.36	Average
02700	Overhead Cost - Administrative & General	00100	Wkst A Line Number	5.	Line Code
02700	Overhead Cost - Administrative & General	00200	Amount Reported	6,831,508.	
02700	Overhead Cost - Administrative & General	00300	Reclass. Salaries	635,181.	Adjustment
02700	Overhead Cost - Administrative & General	00400	Adjusted Salaries	7,466,689.	Salaries
02700	Overhead Cost - Administrative & General	00500	Paid Salary Hours	182,127.	Hours
02700	Overhead Cost - Administrative & General	00600	Average Hourly Amount	41.	Average
02800	Overhead Cost - Administrative & General Under Contract	00200	Amount Reported	412,737.	
02800	Overhead Cost - Administrative & General Under Contract	00400	Adjusted Salaries	412,737.	Salaries
02800	Overhead Cost - Administrative & General Under Contract	00500	Paid Salary Hours	2,708.	Hours
02800	Overhead Cost - Administrative & General Under Contract	00600	Average Hourly Amount	152.41	Average
02900	Overhead Cost - Maintenance and Repairs	00100	Wkst A Line Number	6.	Line Code
03000	Overhead Cost - Operation of Plant	00100	Wkst A Line Number	7.	Line Code
03000	Overhead Cost - Operation of Plant	00200	Amount Reported	654,911.	
03000	Overhead Cost - Operation of Plant	00400	Adjusted Salaries	654,911.	Salaries
03000	Overhead Cost - Operation of Plant	00500	Paid Salary Hours	19,646.	Hours
03000	Overhead Cost - Operation of Plant	00600	Average Hourly Amount	33.34	Average
03100	Overhead Cost - Laundry and Linen Service	00100	Wkst A Line Number	8.	Line Code
03200	Overhead Cost - Housekeeping	00100	Wkst A Line Number	9.	Line Code
03300	Overhead Cost - Housekeeping Under Contract	00200	Amount Reported	1,109,528.	
03300	Overhead Cost - Housekeeping Under Contract	00400	Adjusted Salaries	1,109,528.	Salaries
03300	Overhead Cost - Housekeeping Under Contract	00500	Paid Salary Hours	81,326.	Hours
03300	Overhead Cost - Housekeeping Under Contract	00600	Average Hourly Amount	13.64	Average
03400	Overhead Cost - Dietary	00100	Wkst A Line Number	10.	Line Code
03400	Overhead Cost - Dietary	00200	Amount Reported	1,079,068.	
03400	Overhead Cost - Dietary	00400	Adjusted Salaries	1,079,068.	Salaries
03400	Overhead Cost - Dietary	00500	Paid Salary Hours	58,875.	Hours
03400	Overhead Cost - Dietary	00600	Average Hourly Amount	18.33	Average
03600	Overhead Cost - Cafeteria	00100	Wkst A Line Number	11.	Line Code

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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
03700	Overhead Cost - Maintenance of Personnel	00100	Wkst A Line Number	12.	Line Code
03800	Overhead Cost - Nursing Admiistration	00100	Wkst A Line Number	13.	Line Code
03800	Overhead Cost - Nursing Admiistration	00200	Amount Reported	3,019,894.	
03800	Overhead Cost - Nursing Admiistration	00400	Adjusted Salaries	3,019,894.	Salaries
03800	Overhead Cost - Nursing Admiistration	00500	Paid Salary Hours	87,466.	Hours
03800	Overhead Cost - Nursing Admiistration	00600	Average Hourly Amount	34.53	Average
03900	Overhead Cost - Central Services and Supply	00100	Wkst A Line Number	14.	Line Code
04000	Overhead Cost - Pharmacy	00100	Wkst A Line Number	15.	Line Code
04100	Overhead Cost - Medical Records & Medical Records Library	00100	Wkst A Line Number	16.	Line Code
04100	Overhead Cost - Medical Records & Medical Records Library	00200	Amount Reported	1,191,480.	
04100	Overhead Cost - Medical Records & Medical Records Library	00400	Adjusted Salaries	1,191,480.	Salaries
04100	Overhead Cost - Medical Records & Medical Records Library	00500	Paid Salary Hours	44,291.	Hours
04100	Overhead Cost - Medical Records & Medical Records Library	00600	Average Hourly Amount	26.90	Average
04200	Overhead Cost - Social Service	00100	Wkst A Line Number	17.	Line Code
04300	Overhead Cost - Other General Services	00100	Wkst A Line Number	18.	Line Code
3	Part 3 - Hospital Wage Index Summary				
00100	Net Salaries	00200	Amount Reported	65,397,552.	Salaries
00100	Net Salaries	00400	Adjusted Salaries	65,397,552.	Salaries
00100	Net Salaries	00500	Paid Salary Hours	1,958,887.	Hours
00100	Net Salaries	00600	Average Hourly Amount	33.39	Average
00200	Excluded Area Salaries	00300	Reclass. Salaries	476,185.	Salaries
00200	Excluded Area Salaries	00400	Adjusted Salaries	476,185.	Salaries
00200	Excluded Area Salaries	00500	Paid Salary Hours	8,346.	Hours
00200	Excluded Area Salaries	00600	Average Hourly Amount	57.06	Average
00300	Sub Total Salaries (Line 01 Minus 02)	00200	Amount Reported	65,397,552.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00300	Reclass. Salaries	-476,185.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00400	Adjusted Salaries	64,921,367.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00500	Paid Salary Hours	1,950,541.	Hours
00300	Sub Total Salaries (Line 01 Minus 02)	00600	Average Hourly Amount	33.28	Average

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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
3	Part 3 - Hospital Wage Index Summary				
00400	Sub Total Other Wages and Related Costs	00200	Amount Reported	7,508,550.	Salaries
00400	Sub Total Other Wages and Related Costs	00400	Adjusted Salaries	7,508,550.	Salaries
00400	Sub Total Other Wages and Related Costs	00500	Paid Salary Hours	92,915.	Hours
00400	Sub Total Other Wages and Related Costs	00600	Average Hourly Amount	80.81	Average
00500	Sub Total Wage Related Costs	00200	Amount Reported	13,193,614.	Salaries
00500	Sub Total Wage Related Costs	00400	Adjusted Salaries	13,193,614.	Salaries
00500	Sub Total Wage Related Costs	00600	Average Hourly Amount	20.32	Average
00600	Total (Sum of Lines 03 to 05)	00200	Amount Reported	86,099,716.	Salaries
00600	Total (Sum of Lines 03 to 05)	00300	Reclass. Salaries	-476,185.	Salaries
00600	Total (Sum of Lines 03 to 05)	00400	Adjusted Salaries	85,623,531.	Salaries
00600	Total (Sum of Lines 03 to 05)	00500	Paid Salary Hours	2,043,456.	Hours
00600	Total (Sum of Lines 03 to 05)	00600	Average Hourly Amount	41.90	Average
00700	Total Overhead Cost (See Instructions)	00200	Amount Reported	14,695,166.	Salaries
00700	Total Overhead Cost (See Instructions)	00300	Reclass. Salaries	635,181.	Salaries
00700	Total Overhead Cost (See Instructions)	00400	Adjusted Salaries	15,330,347.	Salaries
00700	Total Overhead Cost (See Instructions)	00500	Paid Salary Hours	486,764.	Hours
00700	Total Overhead Cost (See Instructions)	00600	Average Hourly Amount	31.49	Average
4	Part 4 - Core List				
00100	Retirement - 401K Employer Contributions	00100	Amount	1,153,849.	
00802		00100	Amount	4,836,471.	
01000	Dental, Hearing and Vision Plan	00100	Amount	476,681.	
01100	Life Insurance (If Employee Is Owner or Beneficiary)	00100	Amount	389,940.	
01300	Disability Insurance (If Employee Is Owner or Beneficiary)	00100	Amount	479,576.	
01500	Workers Compensation Insurance	00100	Amount	130,985.	
01700	FICA-Employers Portion Only	00100	Amount	4,729,924.	
01800	Medicare Texas - Employers Portion Only	00100	Amount	66,413.	
02300	Tuition Reimbursement	00100	Amount	196,266.	
02400	Total Wage Related Cost (Sum lines 01-23)	00100	Amount	12,460,105.	
5	Part 3 - Contract Labor and Benefit Cost				
00100	Total Facility Contract Labor and Benefit Cost	00100	Contract Labor	1,660,396.	
00100	Total Facility Contract Labor and Benefit Cost	00200	Benefit Cost	12,460,105.	

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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
5	Part 3 - Contract Labor and Benefit Cost				
00200	Hospital	00100	Contract Labor	1,660,396.	
00200	Hospital	00200	Benefit Cost	12,460,105.	

100287 GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401

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

S00	Wkst S Hospital and Hospital Healthcare Complex Cost Report Certification and Settlement Summary				
1	Part 1 - Cost Report Status				
00100	Electronically Filed Cost Report?	00100	Information	X	
00400	Medicare Utilization - F for 'Full' and L for 'Low'	00100	Information	F	
00500	Cost Report Status (1-Submitted 2-Settled 3-Audited 4-Reopened 5-Amended)	00100	Information	1	
00600	FI Received Date	00200	Information	10/28/2019	
00700	Fiscal Intermediary Number	00200	Information	04011	
00800	Initial Cost Report for this Provider CCN?	00200	Information	N	
00900	Final Cost Report for this Provider CCN?	00200	Information	N	
01100	Contractor Vendor Code	00300	Information	4	
3	Part 3 - Settlement Summary				
00100	Hospital	00200	Medicare - Part A	38,807.	
00100	Hospital	00300	Medicare - Part B	349,154.	
00100	Hospital	00500	Medicaid	6,614,707.	
20000	Total Settlement Summary	00200	Medicare - Part A	38,807.	
20000	Total Settlement Summary	00300	Medicare - Part B	349,154.	
20000	Total Settlement Summary	00500	Medicaid	6,614,707.	
S10	Wkst S-10 Hospital Uncompensated and Indigent Care Data				
00100	Cost to Charge Ratio (Worksheet C Part 1 Line 200 Col 3 Divided by Line 200 Col 8)	00100	Amounts	0.082651	CC Ratio
00200	Net Revenue From Medicaid	00100	Amounts	19,175,841.	
00300	Did you receive DSH or supplemental payment from Medicaid?	00100	Question	Y	Answer
00400	If line 3 is yes, does line 2 included all DSH or supplemental payments from Medicaid?	00100	Question	N	Answer
00500	If line 4 is no, enter DSH or supplemental payment from Medicaid.	00100	Amounts	-2,246,804.	

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

S10 Wkst S-10 Hospital Uncompensated and Indigent Care Data					
00600	Medicaid Charges	00100	Amounts	302,913,763.	Charges
00700	Medicaid Cost (Line 01 Times Line 06)	00100	Amounts	25,036,125.	Cost
00800	Difference Between Net Revenue and Cost For Medicaid Program (Line 02 Plus Line 05 Minus Line 07)	00100	Amounts	8,107,088.	
00900	Net Revenue From Stand-Alone SCHIP	00100	Amounts	1,653,628.	
01000	Stand-Alone SCHIP Charges	00100	Amounts	13,426,656.	Charges
01100	Stand-Alone SCHIP Cost (Line 01 Times Line 10)	00100	Amounts	1,109,727.	
01300	Net Revenue From State or Local Indigent Care Program (Not Included on Lines 02, 05 or 09)	00100	Amounts	2,928,555.	
01400	Charges from Patient Covered Under State or Local Indigent Care Program (Not Included in Lines 06 or 10)	00100	Amounts	46,034,012.	Charges
01500	State or Local Indigent Care Program Cost (Line 01 Times Line 14)	00100	Amounts	3,804,757.	
01600	Difference Between Net Revenue and Costs for State or Local Indigent Care Program (Line 13 Minus Line 15)	00100	Amounts	876,202.	
01900	Total Unreimbursed Cost From Medicaid, SCHIP, and State and Local Indigent Care Programs (Sum of Lines 08, 12 and 16)	00100	Amounts	8,983,290.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00100	Uninsured Patients	118,680,573.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00300	Total (Col 01 & 02)	118,680,573.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00100	Uninsured Patients	9,809,068.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00300	Total (Col 01 & 02)	9,809,068.	
02200	Partial Payment by Patients Approved for Charity Care	00100	Uninsured Patients	20,834.	
02200	Partial Payment by Patients Approved for Charity Care	00200	Insured Patients	3,501.	
02200	Partial Payment by Patients Approved for Charity Care	00300	Total (Col 01 & 02)	24,335.	
02300	Cost of Charity Care (Line 21 Minus 22)	00100	Uninsured Patients	9,788,234.	
02300	Cost of Charity Care (Line 21 Minus 22)	00300	Total (Col 01 & 02)	9,788,234.	

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

S10	Wkst S-10 Hospital Uncompensated and Indigent Care Data				
02400	Does the Amount in Line 20, Col 2 Include Charges for Patient Days Beyond a Length of Stay Limit for Medicaid Patients	00100	Amounts		N
02600	Total Bad Debt Expense For the Entire Hosptial Complex (See Instructions)	00100	Amounts	30,134,492.	
02700	Medicare Bad Debts For the Entire Hospital Complex (See Instructions)	00100	Amounts	959,888.	
02701		00100	Amounts	1,476,751.	
02800	Non-Medicare and Non-Reimbursable Bad Debt Expense (Line 26 Minus Line 27)	00100	Amounts	28,657,741.	
02900	Cost of Non-Medicare Bad Debt Expense (Line 01 Times Line 28)	00100	Amounts	2,885,454.	
03000	Cost of Non-Medicare Uncompensated Care (Line 23 Col 03 Plus Line 29)	00100	Amounts	12,673,688.	
03100	Total Unreimbrused and Uncompensated Care Cost (Line 19 Plus Line 30)	00100	Amounts	21,656,978.	
S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
00300	Hospital	00200	CCN Number	100287	
00300	Hospital	00300	CBSA Number	48424	
00300	Hospital	00400	Provider Type	1.	
00300	Hospital	00500	Date Certified	07/06/2001	
00300	Hospital	00600	Payment - Title 5	N	
00300	Hospital	00700	Payment - Medicare	P	
00300	Hospital	00800	Payment - Medicaid	O	
02000	Cost Reporting Period	00100	Rept Period - From	06/01/2018	Date
02000	Cost Reporting Period	00200	Rept Period - To	05/31/2019	Date
02100	Type of Control	00100	Provider Type	4	Code
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00100	Question	Y	Answer
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00200	Question	N	Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00100	Question	Y	Answer

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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00200	Question	Y	Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00100	Question	N	Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00200	Question	N	Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00100	Question	N	Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00200	Question	N	Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00300	Question	N	Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00100	Question	3.	Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00200	Question	N	Answer
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00100	State Medicaid Paid	2,401.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00200	State Medicaid Elig	852.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00300	Out-State Medicaid Paid	43.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00400	Out-State Medicaid Elig	14.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00500	Medicaid HMO	5,733.	Days

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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
1	Part 1 - Complex Identification Data				
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00600	Other Medicaid	134.	Days
02600	Geographic Classification - Enter you standard geographic classification status at the beginning of the CR period.	00100	Geographic Location	1.	Urban/Rur a
02700	Geographic Classification - Enter you standard geographic classification status at the end of the CR period.	00100	Geographic Location	1.	Urban/Rur a
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00100	Answer - Part 1	N	Answer
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00200	Answer - Part 2	N	Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00100	Discharges before 10-1	N	Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00200	Discharges after 10-1	N	Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00100	Title 5	N	Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00200	Medicare	Y	Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00300	Medicaid	N	Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00100	Title 5	N	Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00200	Medicare	N	Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00300	Medicaid	N	Answer

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
1	Part 1 - Complex Identification Data				
09000	Does this facility have title 5 and/or title 19 inpatient hospital services?	00100	Title 5		N Answer
09000	Does this facility have title 5 and/or title 19 inpatient hospital services?	00200	Medicaid		Y Answer
09100	Is this hospital reimbrused for title 5 and/or title 19 through the cost report either in full or part?	00100	Title 5		N Answer
09100	Is this hospital reimbrused for title 5 and/or title 19 through the cost report either in full or part?	00200	Medicaid		N Answer
09200	Are Title 19 NF patients occupying Title 18 SNF beds (dual certification)?	00200	Medicaid		N Answer
09300	Does this facility operate an ICF/MR facility for purposes of Title 5 or 19?	00100	Title 5		N Answer
09300	Does this facility operate an ICF/MR facility for purposes of Title 5 or 19?	00200	Medicaid		N Answer
09400	Does title 5 or title 19 program reduce capital cost?	00100	Title 5		N Answer
09400	Does title 5 or title 19 program reduce capital cost?	00200	Medicaid		N Answer
09600	Does title 5 or title 19 reduce operating cost?	00100	Title 5		N Answer
09600	Does title 5 or title 19 reduce operating cost?	00200	Medicaid		N Answer
09800	N	00100	Component Name		
09800		00200	CCN Number		Y
09801	N	00100	Component Name		
09801		00200	CCN Number		Y
09802	N	00100	Component Name		
09802		00200	CCN Number		Y
09803	N	00100	Component Name		
09803		00200	CCN Number		N
09804	N	00100	Component Name		
09804		00200	CCN Number		N
09805	N	00100	Component Name		
09805		00200	CCN Number		Y
09806	N	00100	Component Name		
09806		00200	CCN Number		Y
10500	Does this hospital qualify as a Critical Access Hospital(CAH)?	00100	Question		N Answer

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100287 GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401

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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
10800	Is this a rural hospital qualifying for an exception to the CRNA fee schedule?	00100	Question		N Answer
11000	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reportin	00100	Question		N Answer
11100	N	00100	Component Name		
11200	N	00100	Component Name		
11500	Is this an all inclusive rate provider?	00100	Question		N Answer
11600	Are you classified as a referral center?	00100	Question		N Answer
11700	Is this facility legally required to carry malpractice insurance?	00100	Malpractice Ins		Y Answer
11800	Is the malpractice insurance a claims-made or occurrence policy?	00100	Question		1. Answer
11801	List amounts of malpractice premiums and paid losses	00100	Premiums	227,188.	Amount
11801	List amounts of malpractice premiums and paid losses	00200	Paid Losses	9,847,470.	Amount
11802	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General?	00100	Question		N Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00100	Question		N Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00200	Rural Hospital		N Answer
12100	Did this facility incur and report cost for the high cost implantable devices charged to patients?	00100	Question		Y Answer
12200	Does this cost report contain state health or similar taxes?	00100	Question		Y Answer
12200	Does this cost report contain state health or similar taxes?	00200	CCN Number		5. Answer
12500	Does this facility operate a transplant center? Yes or No and enter certification date.	00100	Question		N Answer
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00100	Question		Y Answer

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00200	Chain Number	HB0557	Code
14100	TENET HEALTHCARE CORPORATION	00100	Chain Organization		
14100	NOVITAS SOLUTIONS	00200	Chain Organization		
14100	04011	00300	Chain Organization		
14200	1445 ROSS AVENUE STE 1400	00100	Chain Organization		
14300	DALLAS	00100	Chain Organization		
14300	TX	00200	Chain Organization		
14300	75202-2703	00300	Chain Organization		
14400	Are provider based physicians cost included in Worksheet A?	00100	Question	Y	Answer
14500	If you are claiming cost for renal services on Worksheet A Line 74, are they cost for inpatient services only?	00100	Question	Y	Answer
14500	If you are claiming cost for renal services on Worksheet A Line 74, are they cost for inpatient services only?	00200	Question	N	Answer
14600	Has the cost allocation methodology changed from the previously filed cost report?	00100	Question	N	Answer
14700	Was there a change in the statistical basis?	00100	Question	N	Answer
14800	Was there a change in the order of allocation?	00100	Question	N	Answer
14900	Was the change to the simplified cost finding method?	00100	Question	N	Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00100	Medicare Part A	N	Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00200	Medicare Part B	N	Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00300	Title V	N	Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00400	Medicaid	N	Answer

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100287	GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL			33401	

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	CBSA Number		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Provider Type		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer

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100287	GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL			33401	

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S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B	N	Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	Title V	N	Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Medicaid	N	Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00200	Medicare Part B	N	Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00300	Title V	N	Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00400	Medicaid	N	Answer
16500	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs?	00100	Question	N	Answer
16700	Is this provider a meaningful user under 1886 (n)?	00100	Question	Y	Answer
17100	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on	00100	Question	N	Answer
2	Part 2 - Reimbursement Questionnaire				
00100	Has the provider changed ownership immediately prior to the beginning of the cost report period?	00100	Question	N	
00200	Has the provider terminated participation in the Medicare Program?	00100	Question	N	
00300	Is the provider involved in business transactions with individuals or entities that are related to the provider?	00100	Question	Y	Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00100	Question	Y	Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00200	Type of Statements	A	Answer

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100287 GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
2	Part 2 - Reimbursement Questionnaire				
00400	Were the financial statements prepared by a Certified Public Accountant?	00300	Date Available	02/25/2019	Answer
00500	Are the cost report total expenses and total revenues different from those on filed financial statements?	00100	Question	N	Answer
00600	Were cost claimed for nursing school?	00100	Question	N	Answer
00700	Were cost claimed for allied health programs?	00100	Question	N	Answer
00800	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	00100	Question	N	Answer
00900	Are cost claimed for Intern-Resident programs claimed on the current cost report?	00100	Question	N	Answer
01000	Was an Intern-Resident program initiated or renewed in the current cost reporting period?	00100	Question	N	Answer
01100	Are GME cost directly assigned to cost centers other than I&R in an Approved Teaching Program on Worksheet A?	00100	Question	N	Answer
01200	Is the provider seeking reimbursement for bad debts?	00100	Question	Y	Answer
01300	If line 12 is yes, did the provider's bad debt collection policy change during the cost reporting period?	00100	Question	N	Answer
01400	If line 12 is yes, are patient deductibles and/or co-payments waived?	00100	Question	N	Answer
01500	Have total beds available changed from prior cost reporting period?	00100	Question	N	Answer
01600	Was the cost report prepared using the PS&R only?	00100	Part A - Question	N	Answer
01600	Was the cost report prepared using the PS&R only?	00300	Part B - Question	N	Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00100	Part A - Question	Y	Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00200	Part A - Date	08/31/2019	Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00300	Part B - Question	Y	Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00400	Part B - Date	08/31/2019	Answer

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
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Worksheet 674375 Period End 05/31/2019 Days 365 Status Submitted

S20	Wkst S-2 Hospital and Hospital Healthcare Complex Indentification Data				
2	Part 2 - Reimbursement Questionnaire				
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additionl claims that have been billed but not included on t	00100	Information		N Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additionl claims that have been billed but not included on t	00300	Information		N Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00100	Information		N Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00300	Information		N Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00100	Information		N Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00300	Information		N Answer
02100	Was the cost report prepared only using the provider's records?	00100	Information		N Answer
02100	Was the cost report prepared only using the provider's records?	00300	Information		N Answer
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00100	Wkst Line No	30.	Line Code
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00200	Number of Beds	304.	Beds
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00300	Days Available	110,960.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00600	Medicare Inpatient Days	14,336.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00700	Medicaid Inpatient Days	2,970.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00800	Total Inpatient Days	42,751.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01300	Medicare Discharges	2,846.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01400	Medicaid Discharges	346.	Discharges

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01500	Total Discharges	9,845.	Discharges
00200	HMO and Other	00600	Medicare Inpatient Days	8,279.	Days
00200	HMO and Other	00700	Medicaid Inpatient Days	5,733.	Days
00200	HMO and Other	01300	Medicare Discharges	1,650.	Discharges
00200	HMO and Other	01400	Medicaid Discharges	1,085.	Discharges
00700	Total Adults and Pediatrics (exclude observation beds)	00200	Number of Beds	304.	Beds
00700	Total Adults and Pediatrics (exclude observation beds)	00300	Days Available	110,960.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00600	Medicare Inpatient Days	14,336.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00700	Medicaid Inpatient Days	2,970.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00800	Total Inpatient Days	42,751.	Days
00800	Intensive Care Unit	00100	Wkst Line No	31.	Line Code
00800	Intensive Care Unit	00200	Number of Beds	22.	Beds
00800	Intensive Care Unit	00300	Days Available	8,030.	Days
00800	Intensive Care Unit	00600	Medicare Inpatient Days	760.	Days
00800	Intensive Care Unit	00700	Medicaid Inpatient Days	89.	Days
00800	Intensive Care Unit	00800	Total Inpatient Days	2,220.	Days
00900	Coronary Care Unit	00100	Wkst Line No	32.	Line Code
01000	Burn Intensive Care Unit	00100	Wkst Line No	33.	Line Code
01100	Surgical Intensive Care Unit	00100	Wkst Line No	34.	Line Code
01200	Other Special Care	00100	Wkst Line No	35.	Line Code
01200	Other Special Care	00200	Number of Beds	7.	Beds
01200	Other Special Care	00300	Days Available	2,555.	Days
01200	Other Special Care	00700	Medicaid Inpatient Days	30.	Days
01200	Other Special Care	00800	Total Inpatient Days	350.	Days
01300	Nursery	00100	Wkst Line No	43.	Line Code
01300	Nursery	00700	Medicaid Inpatient Days	221.	Days
01300	Nursery	00800	Total Inpatient Days	1,252.	Days
01400	Total (see instructions)	00200	Number of Beds	333.	Beds
01400	Total (see instructions)	00300	Days Available	121,545.	Days

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100287	GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401				

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
01400	Total (see instructions)	00600	Medicare Inpatient Days	15,096.	Days
01400	Total (see instructions)	00700	Medicaid Inpatient Days	3,310.	Days
01400	Total (see instructions)	00800	Total Inpatient Days	46,573.	Days
01400	Total (see instructions)	01000	Employees on Payroll	782.80	FTEs
01400	Total (see instructions)	01300	Medicare Discharges	2,846.	Discharges
01400	Total (see instructions)	01400	Medicaid Discharges	346.	Discharges
01400	Total (see instructions)	01500	Total Discharges	9,845.	Discharges
01600	Subprovider - IPF	00100	Wkst Line No	40.	Line Code
01700	Subprovider - IRF	00100	Wkst Line No	41.	Line Code
01800	Subprovider - Other	00100	Wkst Line No	42.	Line Code
01900	Skilled Nursing Facility	00100	Wkst Line No	44.	Line Code
02000	Nursing Facility	00100	Wkst Line No	45.	Line Code
02100	Other Long Term Care	00100	Wkst Line No	46.	Line Code
02200	Home Health Agency	00100	Wkst Line No	101.	Line Code
02300	Ambulatory Surgical Center - ASC (Distinct Part)	00100	Wkst Line No	115.	Line Code
02400	Hospice (Distinct Part)	00100	Wkst Line No	116.	Line Code
02410	Hospice (Non-Distinct Part)	00100	Wkst Line No	30.	Line Code
02500	Community Mental Health Clinic	00100	Wkst Line No	99.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	88.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	89.	Line Code
02700	Total (Sum Lines 14 to 26)	00200	Number of Beds	333.	Beds
02700	Total (Sum Lines 14 to 26)	01000	Employees on Payroll	782.80	FTEs
02800	Observation Bed Days	00700	Medicaid Inpatient Days	1,231.	Days
02800	Observation Bed Days	00800	Total Inpatient Days	8,235.	Days
03000	Employee Discount Days (See Instructions)	00800	Total Inpatient Days	186.	Days
03200	Labor and Delivery Days	00700	Medicaid Inpatient Days	134.	Days
03200	Labor and Delivery Days	00800	Total Inpatient Days	248.	Days
03201		00800	Total Inpatient Days	14.	Days
2	Part 2 - Wage Data				
00100	Total Salaries	00100	Wkst A Line Number	200.	Line Code
00100	Total Salaries	00200	Amount Reported	59,627,512.	

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
00100	Total Salaries	00400	Adjusted Salaries	59,627,512.	Salaries
00100	Total Salaries	00500	Paid Salary Hours	1,801,905.	Hours
00100	Total Salaries	00600	Average Hourly Amount	33.09	Average
00700	Salaries - Interns and Residents	00100	Wkst A Line Number	21.	Line Code
00900	Salaries - Skilled Nursing Facility	00100	Wkst A Line Number	44.	Line Code
01000	Salaries - Excludes Area	00300	Reclass. Salaries	167,993.	Adjustment
01000	Salaries - Excludes Area	00400	Adjusted Salaries	167,993.	Salaries
01000	Salaries - Excludes Area	00500	Paid Salary Hours	9,031.	Hours
01000	Salaries - Excludes Area	00600	Average Hourly Amount	18.60	Average
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00200	Amount Reported	2,393,096.	
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00400	Adjusted Salaries	2,393,096.	Salaries
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00500	Paid Salary Hours	42,614.	Hours
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00600	Average Hourly Amount	56.16	Average
01200	Other Wages & Cost - Contract Labor - Management and Admin Services	00200	Amount Reported	211,388.	
01200	Other Wages & Cost - Contract Labor - Management and Admin Services	00400	Adjusted Salaries	211,388.	Salaries
01200	Other Wages & Cost - Contract Labor - Management and Admin Services	00500	Paid Salary Hours	1,466.	Hours
01200	Other Wages & Cost - Contract Labor - Management and Admin Services	00600	Average Hourly Amount	144.19	Average
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00200	Amount Reported	176,123.	
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00400	Adjusted Salaries	176,123.	Salaries
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00500	Paid Salary Hours	1,188.	Hours
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00600	Average Hourly Amount	148.25	Average
01401		00200	Amount Reported	6,740,536.	
01401		00400	Adjusted Salaries	6,740,536.	Salaries
01401		00500	Paid Salary Hours	201,495.	Hours

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Line	Line Description	Col	Column Desc	Line Value	Type
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
01401		00600	Average Hourly Amount	33.45	Average
01700	Wage Related Costs - Core	00200	Amount Reported	14,288,362.	
01700	Wage Related Costs - Core	00400	Adjusted Salaries	14,288,362.	Salaries
01900	Wage Related Costs - Excluded Areas	00200	Amount Reported	40,325.	
01900	Wage Related Costs - Excluded Areas	00400	Adjusted Salaries	40,325.	Salaries
02550		00200	Amount Reported	1,707,936.	
02550		00400	Adjusted Salaries	1,707,936.	Salaries
02600	Overhead Cost - Employee Benefits	00100	Wkst A Line Number	4.	Line Code
02600	Overhead Cost - Employee Benefits	00200	Amount Reported	114,342.	
02600	Overhead Cost - Employee Benefits	00400	Adjusted Salaries	114,342.	Salaries
02600	Overhead Cost - Employee Benefits	00500	Paid Salary Hours	2,457.	Hours
02600	Overhead Cost - Employee Benefits	00600	Average Hourly Amount	46.54	Average
02700	Overhead Cost - Administrative & General	00100	Wkst A Line Number	5.	Line Code
02700	Overhead Cost - Administrative & General	00200	Amount Reported	8,153,003.	
02700	Overhead Cost - Administrative & General	00300	Reclass. Salaries	-106,991.	Adjustment
02700	Overhead Cost - Administrative & General	00400	Adjusted Salaries	8,046,012.	Salaries
02700	Overhead Cost - Administrative & General	00500	Paid Salary Hours	231,511.	Hours
02700	Overhead Cost - Administrative & General	00600	Average Hourly Amount	34.75	Average
02800	Overhead Cost - Administrative & General Under Contract	00200	Amount Reported	9,121.	
02800	Overhead Cost - Administrative & General Under Contract	00400	Adjusted Salaries	9,121.	Salaries
02800	Overhead Cost - Administrative & General Under Contract	00500	Paid Salary Hours	89.	Hours
02800	Overhead Cost - Administrative & General Under Contract	00600	Average Hourly Amount	102.48	Average
02900	Overhead Cost - Maintenance and Repairs	00100	Wkst A Line Number	6.	Line Code
03000	Overhead Cost - Operation of Plant	00100	Wkst A Line Number	7.	Line Code
03000	Overhead Cost - Operation of Plant	00200	Amount Reported	1,046,862.	
03000	Overhead Cost - Operation of Plant	00400	Adjusted Salaries	1,046,862.	Salaries
03000	Overhead Cost - Operation of Plant	00500	Paid Salary Hours	36,072.	Hours
03000	Overhead Cost - Operation of Plant	00600	Average Hourly Amount	29.02	Average
03100	Overhead Cost - Laundry and Linen Service	00100	Wkst A Line Number	8.	Line Code

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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

Line	Description	Col	Column Desc	Line Value	Type
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
03200	Overhead Cost - Housekeeping	00100	Wkst A Line Number	9.	Line Code
03200	Overhead Cost - Housekeeping	00200	Amount Reported	181,014.	
03200	Overhead Cost - Housekeeping	00400	Adjusted Salaries	181,014.	Salaries
03200	Overhead Cost - Housekeeping	00500	Paid Salary Hours	11,032.	Hours
03200	Overhead Cost - Housekeeping	00600	Average Hourly Amount	16.41	Average
03300	Overhead Cost - Housekeeping Under Contract	00200	Amount Reported	1,686,250.	
03300	Overhead Cost - Housekeeping Under Contract	00400	Adjusted Salaries	1,686,250.	Salaries
03300	Overhead Cost - Housekeeping Under Contract	00500	Paid Salary Hours	111,509.	Hours
03300	Overhead Cost - Housekeeping Under Contract	00600	Average Hourly Amount	15.12	Average
03400	Overhead Cost - Dietary	00100	Wkst A Line Number	10.	Line Code
03400	Overhead Cost - Dietary	00300	Reclass. Salaries	298,710.	Adjustmen t
03400	Overhead Cost - Dietary	00400	Adjusted Salaries	298,710.	Salaries
03400	Overhead Cost - Dietary	00500	Paid Salary Hours	16,059.	Hours
03400	Overhead Cost - Dietary	00600	Average Hourly Amount	18.60	Average
03600	Overhead Cost - Cafeteria	00100	Wkst A Line Number	11.	Line Code
03600	Overhead Cost - Cafeteria	00200	Amount Reported	1,769,025.	
03600	Overhead Cost - Cafeteria	00300	Reclass. Salaries	-466,703.	Adjustmen t
03600	Overhead Cost - Cafeteria	00400	Adjusted Salaries	1,302,322.	Salaries
03600	Overhead Cost - Cafeteria	00500	Paid Salary Hours	70,017.	Hours
03600	Overhead Cost - Cafeteria	00600	Average Hourly Amount	18.60	Average
03700	Overhead Cost - Maintenance of Personnel	00100	Wkst A Line Number	12.	Line Code
03800	Overhead Cost - Nursing Admiistration	00100	Wkst A Line Number	13.	Line Code
03800	Overhead Cost - Nursing Admiistration	00200	Amount Reported	1,153,143.	
03800	Overhead Cost - Nursing Admiistration	00400	Adjusted Salaries	1,153,143.	Salaries
03800	Overhead Cost - Nursing Admiistration	00500	Paid Salary Hours	23,248.	Hours
03800	Overhead Cost - Nursing Admiistration	00600	Average Hourly Amount	49.60	Average
03900	Overhead Cost - Central Services and Supply	00100	Wkst A Line Number	14.	Line Code
03900	Overhead Cost - Central Services and Supply	00200	Amount Reported	280,069.	
03900	Overhead Cost - Central Services and Supply	00400	Adjusted Salaries	280,069.	Salaries
03900	Overhead Cost - Central Services and Supply	00500	Paid Salary Hours	18,628.	Hours
03900	Overhead Cost - Central Services and Supply	00600	Average Hourly Amount	15.03	Average
04000	Overhead Cost - Pharmacy	00100	Wkst A Line Number	15.	Line Code

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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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
04000	Overhead Cost - Pharmacy	00200	Amount Reported	2,614,391.	
04000	Overhead Cost - Pharmacy	00400	Adjusted Salaries	2,614,391.	Salaries
04000	Overhead Cost - Pharmacy	00500	Paid Salary Hours	57,122.	Hours
04000	Overhead Cost - Pharmacy	00600	Average Hourly Amount	45.77	Average
04100	Overhead Cost - Medical Records & Medical Records Library	00100	Wkst A Line Number	16.	Line Code
04100	Overhead Cost - Medical Records & Medical Records Library	00200	Amount Reported	827,118.	
04100	Overhead Cost - Medical Records & Medical Records Library	00400	Adjusted Salaries	827,118.	Salaries
04100	Overhead Cost - Medical Records & Medical Records Library	00500	Paid Salary Hours	27,687.	Hours
04100	Overhead Cost - Medical Records & Medical Records Library	00600	Average Hourly Amount	29.87	Average
04200	Overhead Cost - Social Service	00100	Wkst A Line Number	17.	Line Code
04300	Overhead Cost - Other General Services	00100	Wkst A Line Number	18.	Line Code
3	Part 3 - Hospital Wage Index Summary				
00100	Net Salaries	00200	Amount Reported	61,322,883.	Salaries
00100	Net Salaries	00400	Adjusted Salaries	61,322,883.	Salaries
00100	Net Salaries	00500	Paid Salary Hours	1,913,503.	Hours
00100	Net Salaries	00600	Average Hourly Amount	32.05	Average
00200	Excluded Area Salaries	00300	Reclass. Salaries	167,993.	Salaries
00200	Excluded Area Salaries	00400	Adjusted Salaries	167,993.	Salaries
00200	Excluded Area Salaries	00500	Paid Salary Hours	9,031.	Hours
00200	Excluded Area Salaries	00600	Average Hourly Amount	18.60	Average
00300	Sub Total Salaries (Line 01 Minus 02)	00200	Amount Reported	61,322,883.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00300	Reclass. Salaries	-167,993.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00400	Adjusted Salaries	61,154,890.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00500	Paid Salary Hours	1,904,472.	Hours
00300	Sub Total Salaries (Line 01 Minus 02)	00600	Average Hourly Amount	32.11	Average
00400	Sub Total Other Wages and Related Costs	00200	Amount Reported	9,521,143.	Salaries
00400	Sub Total Other Wages and Related Costs	00400	Adjusted Salaries	9,521,143.	Salaries
00400	Sub Total Other Wages and Related Costs	00500	Paid Salary Hours	246,763.	Hours
00400	Sub Total Other Wages and Related Costs	00600	Average Hourly Amount	38.58	Average

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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

S00	Wkst S Hospital and Hospital Healthcare Complex Cost Report Certification and Settlement Summary				
1	Part 1 - Cost Report Status				
00100	Electronically Filed Cost Report?	00100	Information		X
00400	Medicare Utilization - F for 'Full' and L for 'Low'	00100	Information		F
00500	Cost Report Status (1-Submitted 2-Settled 3-Audited 4-Reopened 5-Amended)	00100	Information		1
00600	FI Received Date	00200	Information	10/30/2019	
00700	Fiscal Intermediary Number	00200	Information	04011	
00800	Initial Cost Report for this Provider CCN?	00200	Information		N
00900	Final Cost Report for this Provider CCN?	00200	Information		N
01100	Contractor Vendor Code	00300	Information		4
3	Part 3 - Settlement Summary				
00100	Hospital	00200	Medicare - Part A	-518,777.	
00100	Hospital	00300	Medicare - Part B	302,608.	
00100	Hospital	00500	Medicaid	37,472,873.	
00200	Subprovider - IPF	00200	Medicare - Part A	-879.	
00200	Subprovider - IPF	00300	Medicare - Part B	-74.	
00200	Subprovider - IPF	00500	Medicaid	506,431.	
00300	Subprovider - IRF	00200	Medicare - Part A	41,279.	
00300	Subprovider - IRF	00300	Medicare - Part B	-5.	
00300	Subprovider - IRF	00500	Medicaid	363,028.	
20000	Total Settlement Summary	00200	Medicare - Part A	-478,377.	
20000	Total Settlement Summary	00300	Medicare - Part B	302,529.	
20000	Total Settlement Summary	00500	Medicaid	38,342,332.	
S10	Wkst S-10 Hospital Uncompensated and Indigent Care Data				
00100	Cost to Charge Ratio (Worksheet C Part 1 Line 200 Col 3 Divided by Line 200 Col 8)	00100	Amounts	0.122578	CC Ratio
00200	Net Revenue From Medicaid	00100	Amounts	73,034,921.	
00300	Did you receive DSH or supplemental payment from Medicaid?	00100	Question		Y Answer
00400	If line 3 is yes, does line 2 included all DSH or supplemental payments from Medicaid?	00100	Question		N Answer
00500	If line 4 is no, enter DSH or supplemental payment from Medicaid.	00100	Amounts	-4,564,329.	
00600	Medicaid Charges	00100	Amounts	727,025,387.	Charges

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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

S10	Wkst S-10 Hospital Uncompensated and Indigent Care Data				
00700	Medicaid Cost (Line 01 Times Line 06)	00100	Amounts	89,117,318.	Cost
00800	Difference Between Net Revenue and Cost For Medicaid Program (Line 02 Plus Line 05 Minus Line 07)	00100	Amounts	20,646,726.	
00900	Net Revenue From Stand-Alone SCHIP	00100	Amounts	6,065,709.	
01000	Stand-Alone SCHIP Charges	00100	Amounts	58,444,662.	Charges
01100	Stand-Alone SCHIP Cost (Line 01 Times Line 10)	00100	Amounts	7,164,030.	
01200	Difference Between Net Revenue and Cost For Stand-Alone SCHIP (Line 09 Minus Line 11)	00100	Amounts	1,098,321.	
01300	Net Revenue From State or Local Indigent Care Program (Not Included on Lines 02, 05 or 09)	00100	Amounts	4,923,710.	
01400	Charges from Patient Covered Under State or Local Indigent Care Program (Not Included in Lines 06 or 10)	00100	Amounts	113,708,386.	Charges
01500	State or Local Indigent Care Program Cost (Line 01 Times Line 14)	00100	Amounts	13,938,147.	
01600	Difference Between Net Revenue and Costs for State or Local Indigent Care Program (Line 13 Minus Line 15)	00100	Amounts	9,014,437.	
01900	Total Unreimbursed Cost From Medicaid, SCHIP, and State and Local Indigent Care Programs (Sum of Lines 08, 12 and 16)	00100	Amounts	30,759,484.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00100	Uninsured Patients	142,379,643.	
02000	Total Initial Obligation of Patients Approved For Charity Care For the Entire Facility	00300	Total (Col 01 & 02)	142,379,643.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00100	Uninsured Patients	17,452,612.	
02100	Cost of Initial Obligation of Patients Approved for Charity Care (Line 01 Times Line 20)	00300	Total (Col 01 & 02)	17,452,612.	
02200	Partial Payment by Patients Approved for Charity Care	00100	Uninsured Patients	72,050.	
02200	Partial Payment by Patients Approved for Charity Care	00200	Insured Patients	24,068.	
02200	Partial Payment by Patients Approved for Charity Care	00300	Total (Col 01 & 02)	96,118.	
02300	Cost of Charity Care (Line 21 Minus 22)	00100	Uninsured Patients	17,380,562.	
02300	Cost of Charity Care (Line 21 Minus 22)	00300	Total (Col 01 & 02)	17,380,562.	

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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

S10 Wkst S-10 Hospital Uncompensated and Indigent Care Data					
02400	Does the Amount in Line 20, Col 2 Include Charges for Patient Days Beyond a Length of Stay Limit for Medicaid Patients	00100	Amounts		N
02600	Total Bad Debt Expense For the Entire Hospital Complex (See Instructions)	00100	Amounts	31,719,304.	
02700	Medicare Bad Debts For the Entire Hospital Complex (See Instructions)	00100	Amounts	814,111.	
02701		00100	Amounts	1,252,478.	
02800	Non-Medicare and Non-Reimbursable Bad Debt Expense (Line 26 Minus Line 27)	00100	Amounts	30,466,826.	
02900	Cost of Non-Medicare Bad Debt Expense (Line 01 Times Line 28)	00100	Amounts	4,172,930.	
03000	Cost of Non-Medicare Uncompensated Care (Line 23 Col 03 Plus Line 29)	00100	Amounts	21,553,492.	
03100	Total Unreimbursed and Uncompensated Care Cost (Line 19 Plus Line 30)	00100	Amounts	52,312,976.	
S20 Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
00300	Hospital	00200	CCN Number	100288	
00300	Hospital	00300	CBSA Number	48424	
00300	Hospital	00400	Provider Type	1.	
00300	Hospital	00500	Date Certified	07/06/2001	
00300	Hospital	00600	Payment - Title 5	N	
00300	Hospital	00700	Payment - Medicare	P	
00300	Hospital	00800	Payment - Medicaid	O	
00400	ST MARYS PSYCH	00100	Component Name		
00400	Subprovider - IPF	00200	CCN Number	10S288	
00400	Subprovider - IPF	00300	CBSA Number	48424	
00400	Subprovider - IPF	00400	Provider Type	4.	
00400	Subprovider - IPF	00500	Date Certified	07/05/2001	
00400	Subprovider - IPF	00600	Payment - Title 5	N	
00400	Subprovider - IPF	00700	Payment - Medicare	P	
00400	Subprovider - IPF	00800	Payment - Medicaid	O	
00500	ST MARYS REHAB	00100	Component Name		
00500	Subprovider - IRF	00200	CCN Number	10T288	
00500	Subprovider - IRF	00300	CBSA Number	48424	

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
1	Part 1 - Complex Identification Data				
00500	Subprovider - IRF	00400	Provider Type	5.	
00500	Subprovider - IRF	00500	Date Certified	07/06/2001	
00500	Subprovider - IRF	00600	Payment - Title 5	N	
00500	Subprovider - IRF	00700	Payment - Medicare	P	
00500	Subprovider - IRF	00800	Payment - Medicaid	O	
01800	ST. MARY RENAL CENTER	00100	Component Name		
01800	Renal Dialysis	00200	CCN Number	102303	
01800	Renal Dialysis	00300	CBSA Number	48424	
01800	Renal Dialysis	00500	Date Certified	07/01/2001	
02000	Cost Reporting Period	00100	Rept Period - From	06/01/2018	Date
02000	Cost Reporting Period	00200	Rept Period - To	05/31/2019	Date
02100	Type of Control	00100	Provider Type	4	Code
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00100	Question	Y	Answer
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00200	Question	N	Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00100	Question	Y	Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00200	Question	Y	Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00100	Question	N	Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00200	Question	N	Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00100	Question	N	Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00200	Question	N	Answer

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00300	Question		N Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00100	Question	3.	Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00200	Question		N Answer
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00100	State Medicaid Paid	18,891.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00200	State Medicaid Elig	3,797.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00300	Out-State Medicaid Paid	58.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00400	Out-State Medicaid Elig	98.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00500	Medicaid HMO	25,650.	Days
02400	If line 22 is 'yes', and this provider is an IPPS Hospital then enter the in-state Medicaid paid days.	00600	Other Medicaid	722.	Days
02500	If line 22 is 'yes' and this provider is an IRF then enter the in-state Medicaid paid days.	00100	State Medicaid Paid	336.	Days
02500	If line 22 is 'yes' and this provider is an IRF then enter the in-state Medicaid paid days.	00500	Medicaid HMO	1,202.	Days
02600	Geographic Classification - Enter you standard geographic classification status at the beginning of the CR period.	00100	Geographic Location	1.	Urban/Rur a
02700	Geographic Classification - Enter you standard geographic classification status at the end of the CR period.	00100	Geographic Location	1.	Urban/Rur a
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00100	Answer - Part 1		N Answer

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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

S20 Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00200	Answer - Part 2		N Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00100	Discharges before 10-1		N Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00200	Discharges after 10-1		Y Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00100	Title 5		N Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00200	Medicare		Y Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00300	Medicaid		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00100	Title 5		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00200	Medicare		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00300	Medicaid		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00100	Title 5		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00200	Medicare		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00300	Medicaid		N Answer
04800	Is the facility electing full federal capital payment?	00100	Title 5		N Answer
04800	Is the facility electing full federal capital payment?	00200	Medicare		N Answer
04800	Is the facility electing full federal capital payment?	00300	Medicaid		N Answer

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
05600	Is this a teaching hospital involved in training residents in approved GME programs?	00100	Question		Y Answer
05700	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs are trained at thi	00100	Question		N Answer
05800	If line 56 is yes, did the facility elect cost reimbursement for physicians services as defined by CMS 15-1 section 2148?	00100	Question		N Answer
05900	Are costs claimed cost on Worksheet A line 100? If yes, complete D-2 Part 1	00100	Question		N Answer
06000	Are you claiming nursing school and allied health costs for a program that meets the provider criteria under 413.85?	00100	Question		N Answer
06100	Did your facility receive additional FTE slots uner ACA section 5503?	00100	Question		N Answer
06300	Has your facility trained residents in non-provider settings during the cost reporting period?	00100	Question		N Answer
07000	Is this facility an Inpatient Psychiatric Facility (IPF), or do you contain an IPF subprovider?	00100	Question		Y Answer
07100	If line 70 is yes, does the facility have a teaching program in the most recent cost reporting period ending on or before Nov	00100	Question		N Answer
07100	If line 70 is yes, does the facility have a teaching program in the most recent cost reporting period ending on or before Nov	00200	Question		N Answer
07500	Is this facility an Inpatient Rehabilitation Facility (IRF) or do you contain an IRF subprovider?	00100	Question		Y Answer
07600	If line 75 is yes, does your facility have a teaching program in the most recent cost reporting period ending on or before No	00100	Question		N Answer
07600	If line 75 is yes, does your facility have a teaching program in the most recent cost reporting period ending on or before No	00200	Question		N Answer
08000	Is this a Long Term Care Hospital?	00100	Question		N Answer
08100	Line missing from Documentation.	00100	Question		N Answer
08500	Is this a new hospital under 42 CFR 413.40 TEFRA?	00100	Question		N Answer

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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

S20 Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data					
1 Part 1 - Complex Identification Data					
08700	Is this hospital a 'Subclause (II)' LTCH classified under 1886(d)(B)(iv)(II)?	00100	Question		N Answer
09000	Does this facility have title 5 and/or title 19 inpatient hospital services?	00100	Title 5		Y Answer
09000	Does this facility have title 5 and/or title 19 inpatient hospital services?	00200	Medicaid		N Answer
09100	Is this hospital reimbursed for title 5 and/or title 19 through the cost report either in full or part?	00100	Title 5		N Answer
09100	Is this hospital reimbursed for title 5 and/or title 19 through the cost report either in full or part?	00200	Medicaid		N Answer
09200	Are Title 19 NF patients occupying Title 18 SNF beds (dual certification)?	00200	Medicaid		N Answer
09300	Does this facility operate an ICF/MR facility for purposes of Title 5 or 19?	00100	Title 5		N Answer
09300	Does this facility operate an ICF/MR facility for purposes of Title 5 or 19?	00200	Medicaid		N Answer
09400	Does title 5 or title 19 program reduce capital cost?	00100	Title 5		N Answer
09400	Does title 5 or title 19 program reduce capital cost?	00200	Medicaid		N Answer
09600	Does title 5 or title 19 reduce operating cost?	00100	Title 5		N Answer
09600	Does title 5 or title 19 reduce operating cost?	00200	Medicaid		N Answer
09800	N	00100	Component Name		
09800		00200	CCN Number		Y
09801	N	00100	Component Name		
09801		00200	CCN Number		Y
09802	N	00100	Component Name		
09802		00200	CCN Number		Y
09803	N	00100	Component Name		
09803		00200	CCN Number		N
09804	N	00100	Component Name		
09804		00200	CCN Number		N
09805	N	00100	Component Name		
09805		00200	CCN Number		Y
09806	N	00100	Component Name		
09806		00200	CCN Number		Y

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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

S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
10500	Does this hospital qualify as a Critical Access Hospital(CAH)?	00100	Question		N Answer
10800	Is this a rural hospital qualifying for an exception to the CRNA fee schedule?	00100	Question		N Answer
11000	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reportin	00100	Question		N Answer
11100	N	00100	Component Name		
11500	Is this an all inclusive rate provider?	00100	Question		N Answer
11600	Are you classified as a referral center?	00100	Question		N Answer
11700	Is this facility legally required to carry malpractice insurance?	00100	Malpractice Ins		Y Answer
11800	Is the malpractice insurance a claims-made or occurrence policy?	00100	Question		1. Answer
11801	List amounts of malpractice premiums and paid losses	00100	Premiums	447,628.	Amount
11801	List amounts of malpractice premiums and paid losses	00200	Paid Losses	36,382,500.	Amount
11802	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General?	00100	Question		N Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00100	Question		N Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00200	Rural Hospital		N Answer
12100	Did this facility incur and report cost for the high cost implantable devices charged to patients?	00100	Question		Y Answer
12200	Does this cost report contain state health or similar taxes?	00100	Question		Y Answer
12200	Does this cost report contain state health or similar taxes?	00200	CCN Number		5. Answer
12500	Does this facility operate a transplant center? Yes or No and enter certification date.	00100	Question		N Answer
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00100	Question		Y Answer

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00200	Chain Number	HB0557	Code
14100	TENET HEALTHCARE CORPORATION	00100	Chain Organization		
14100	NOVITAS SOLUTIONS	00200	Chain Organization		
14100	04011	00300	Chain Organization		
14200	1445 ROSS AVENUE STE 1400	00100	Chain Organization		
14300	DALLAS	00100	Chain Organization		
14300	TX	00200	Chain Organization		
14300	75202-2703	00300	Chain Organization		
14400	Are provider based physicians cost included in Worksheet A?	00100	Question	Y	Answer
14500	If you are claiming cost for renal services on Worksheet A Line 74, are they cost for inpatient services only?	00100	Question	N	Answer
14500	If you are claiming cost for renal services on Worksheet A Line 74, are they cost for inpatient services only?	00200	Question	Y	Answer
14600	Has the cost allocation methodology changed from the previously filed cost report?	00100	Question	N	Answer
14700	Was there a change in the statistical basis?	00100	Question	N	Answer
14800	Was there a change in the order of allocation?	00100	Question	N	Answer
14900	Was the change to the simplified cost finding method?	00100	Question	N	Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00100	Medicare Part A	N	Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00200	Medicare Part B	N	Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00300	Title V	N	Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00400	Medicaid	N	Answer

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100288	ST MARYS MEDICAL CENTER WEST PALM BEACH, FL	33407			

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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	CBSA Number		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Provider Type		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer

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100288	ST MARYS MEDICAL CENTER WEST PALM BEACH, FL 33407				

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	Title V		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Medicaid		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00200	Medicare Part B		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00300	Title V		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00400	Medicaid		N Answer
16500	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs?	00100	Question		N Answer
16700	Is this provider a meaningful user under 1886 (n)?	00100	Question		Y Answer
17000	Enter in columns 1 and 2, the EHR beginning date and ending date for the reporting period, respectively (mm/dd/yyyy)	00100	EHR Beginning	01/01/2018	Date
17000	Enter in columns 1 and 2, the EHR beginning date and ending date for the reporting period, respectively (mm/dd/yyyy)	00200	EHR Ending	03/31/2018	Date
17100	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on	00100	Question		N Answer
2	Part 2 - Reimbursement Questionnaire				
00100	Has the provider changed ownership immediately prior to the beginning of the cost report period?	00100	Question		N
00200	Has the provider terminated participation in the Medicare Program?	00100	Question		N

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

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
2	Part 2 - Reimbursement Questionnaire				
00300	Is the provider involved in business transactions with individuals or entities that are related to the provider?	00100	Question		Y Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00100	Question		Y Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00200	Type of Statements		A Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00300	Date Available	02/25/2019	Answer
00500	Are the cost report total expenses and total revenues different from those on filed financial statements?	00100	Question		N Answer
00600	Were cost claimed for nursing school?	00100	Question		N Answer
00700	Were cost claimed for allied health programs?	00100	Question		N Answer
00800	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	00100	Question		N Answer
00900	Are cost claimed for Intern-Resident programs claimed on the current cost report?	00100	Question		Y Answer
01000	Was an Intern-Resident program initiated or renewed in the current cost reporting period?	00100	Question		Y Answer
01100	Are GME cost directly assigned to cost centers other than I&R in an Approved Teaching Program on Worksheet A?	00100	Question		N Answer
01200	Is the provider seeking reimbursement for bad debts?	00100	Question		Y Answer
01300	If line 12 is yes, did the provider's bad debt collection policy change during the cost reporting period?	00100	Question		N Answer
01400	If line 12 is yes, are patient deductibles and/or co-payments waived?	00100	Question		N Answer
01500	Have total beds available changed from prior cost reporting period?	00100	Question		Y Answer
01600	Was the cost report prepared using the PS&R only?	00100	Part A - Question		N Answer
01600	Was the cost report prepared using the PS&R only?	00300	Part B - Question		N Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00100	Part A - Question		Y Answer

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

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
2	Part 2 - Reimbursement Questionnaire				
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00200	Part A - Date	08/31/2019	Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00300	Part B - Question	Y	Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00400	Part B - Date	08/31/2019	Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additioanl claims that have been billed but not included on t	00100	Information	N	Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additioanl claims that have been billed but not included on t	00300	Information	N	Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00100	Information	N	Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00300	Information	N	Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00100	Information	N	Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00300	Information	N	Answer
02100	Was the cost report prepared only using the provider's records?	00100	Information	N	Answer
02100	Was the cost report prepared only using the provider's records?	00300	Information	N	Answer
S30	Wkst S-3 Hospital and Hosptial Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00100	Wkst Line No	30.	Line Code
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00200	Number of Beds	299.	Beds
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00300	Days Available	109,135.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00600	Medicare Inpatient Days	6,700.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00700	Medicaid Inpatient Days	11,523.	Days

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100288 ST MARYS MEDICAL CENTER WEST PALM BEACH, FL 33407

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Line	Line Description	Col	Column Desc	Line Value	Type
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00800	Total Inpatient Days	59,676.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01300	Medicare Discharges	1,825.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01400	Medicaid Discharges	2,555.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01500	Total Discharges	16,283.	Discharges
00200	HMO and Other	00600	Medicare Inpatient Days	6,953.	Days
00200	HMO and Other	00700	Medicaid Inpatient Days	25,650.	Days
00200	HMO and Other	01300	Medicare Discharges	1,284.	Discharges
00200	HMO and Other	01400	Medicaid Discharges	4,238.	Discharges
00300	HMO - IPF Subprovider	00600	Medicare Inpatient Days	915.	Days
00300	HMO - IPF Subprovider	00700	Medicaid Inpatient Days	1,665.	Days
00300	HMO - IPF Subprovider	01400	Medicaid Discharges	322.	Discharges
00400	HMO - IRF Subprovider	00600	Medicare Inpatient Days	1,219.	Days
00400	HMO - IRF Subprovider	00700	Medicaid Inpatient Days	1,202.	Days
00400	HMO - IRF Subprovider	01400	Medicaid Discharges	81.	Discharges
00700	Total Adults and Pediatrics (exclude observation beds)	00200	Number of Beds	299.	Beds
00700	Total Adults and Pediatrics (exclude observation beds)	00300	Days Available	109,135.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00600	Medicare Inpatient Days	6,700.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00700	Medicaid Inpatient Days	11,523.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00800	Total Inpatient Days	59,676.	Days
00800	Intensive Care Unit	00100	Wkst Line No	31.	Line Code
00800	Intensive Care Unit	00200	Number of Beds	26.	Beds
00800	Intensive Care Unit	00300	Days Available	9,490.	Days
00800	Intensive Care Unit	00600	Medicare Inpatient Days	1,397.	Days
00800	Intensive Care Unit	00700	Medicaid Inpatient Days	1,083.	Days
00800	Intensive Care Unit	00800	Total Inpatient Days	6,902.	Days
00900	Coronary Care Unit	00100	Wkst Line No	32.	Line Code
01000	Burn Intensive Care Unit	00100	Wkst Line No	33.	Line Code

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
01100	Surgical Intensive Care Unit	00100	Wkst Line No	34.	Line Code
01200	Other Special Care	00100	Wkst Line No	35.	Line Code
01200	Other Special Care	00200	Number of Beds	45.	Beds
01200	Other Special Care	00300	Days Available	16,425.	Days
01200	Other Special Care	00700	Medicaid Inpatient Days	6,410.	Days
01200	Other Special Care	00800	Total Inpatient Days	15,036.	Days
01300	Nursery	00100	Wkst Line No	43.	Line Code
01300	Nursery	00700	Medicaid Inpatient Days	3,828.	Days
01300	Nursery	00800	Total Inpatient Days	6,751.	Days
01400	Total (see instructions)	00200	Number of Beds	370.	Beds
01400	Total (see instructions)	00300	Days Available	135,050.	Days
01400	Total (see instructions)	00600	Medicare Inpatient Days	8,097.	Days
01400	Total (see instructions)	00700	Medicaid Inpatient Days	22,844.	Days
01400	Total (see instructions)	00800	Total Inpatient Days	88,365.	Days
01400	Total (see instructions)	00900	Total Interns & Resid.	5.60	Count
01400	Total (see instructions)	01000	Employees on Payroll	1,348.	FTEs
01400	Total (see instructions)	01300	Medicare Discharges	1,825.	Discharges
01400	Total (see instructions)	01400	Medicaid Discharges	2,555.	Discharges
01400	Total (see instructions)	01500	Total Discharges	16,283.	Discharges
01600	Subprovider - IPF	00100	Wkst Line No	40.	Line Code
01600	Subprovider - IPF	00200	Number of Beds	40.	Beds
01600	Subprovider - IPF	00300	Days Available	14,600.	Days
01600	Subprovider - IPF	00600	Medicare Inpatient Days	1,488.	Days
01600	Subprovider - IPF	00700	Medicaid Inpatient Days	501.	Days
01600	Subprovider - IPF	00800	Total Inpatient Days	8,417.	Days
01600	Subprovider - IPF	01000	Employees on Payroll	30.	FTEs
01600	Subprovider - IPF	01300	Medicare Discharges	248.	Discharges
01600	Subprovider - IPF	01400	Medicaid Discharges	91.	Discharges
01600	Subprovider - IPF	01500	Total Discharges	1,907.	Discharges
01700	Subprovider - IRF	00100	Wkst Line No	41.	Line Code
01700	Subprovider - IRF	00200	Number of Beds	50.	Beds
01700	Subprovider - IRF	00300	Days Available	18,250.	Days
01700	Subprovider - IRF	00600	Medicare Inpatient Days	2,104.	Days

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

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
01700	Subprovider - IRF	00700	Medicaid Inpatient Days	336.	Days
01700	Subprovider - IRF	00800	Total Inpatient Days	8,146.	Days
01700	Subprovider - IRF	01000	Employees on Payroll	39.	FTEs
01700	Subprovider - IRF	01300	Medicare Discharges	159.	Discharges
01700	Subprovider - IRF	01400	Medicaid Discharges	19.	Discharges
01700	Subprovider - IRF	01500	Total Discharges	607.	Discharges
01800	Subprovider - Other	00100	Wkst Line No	42.	Line Code
01900	Skilled Nursing Facility	00100	Wkst Line No	44.	Line Code
02000	Nursing Facility	00100	Wkst Line No	45.	Line Code
02100	Other Long Term Care	00100	Wkst Line No	46.	Line Code
02200	Home Health Agency	00100	Wkst Line No	101.	Line Code
02300	Ambulatory Surgical Center - ASC (Distinct Part)	00100	Wkst Line No	115.	Line Code
02400	Hospice (Distinct Part)	00100	Wkst Line No	116.	Line Code
02410	Hospice (Non-Distinct Part)	00100	Wkst Line No	30.	Line Code
02500	Community Mental Health Clinic	00100	Wkst Line No	99.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	88.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	89.	Line Code
02700	Total (Sum Lines 14 to 26)	00200	Number of Beds	460.	Beds
02700	Total (Sum Lines 14 to 26)	00900	Total Interns & Resid.	5.60	Count
02700	Total (Sum Lines 14 to 26)	01000	Employees on Payroll	1,417.	FTEs
02800	Observation Bed Days	00700	Medicaid Inpatient Days	1,816.	Days
02800	Observation Bed Days	00800	Total Inpatient Days	5,849.	Days
03000	Employee Discount Days (See Instructions)	00800	Total Inpatient Days	172.	Days
03100	Employee Discount Days - IRF	00800	Total Inpatient Days	11.	Days
03200	Labor and Delivery Days	00200	Number of Beds	16.	Days
03200	Labor and Delivery Days	00300	Days Available	5,840.	Days
03200	Labor and Delivery Days	00700	Medicaid Inpatient Days	722.	Days
03200	Labor and Delivery Days	00800	Total Inpatient Days	919.	Days
03201		00800	Total Inpatient Days	11.	Days
2	Part 2 - Wage Data				
00100	Total Salaries	00100	Wkst A Line Number	200.	Line Code

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

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Line	Description	Col	Column Desc	Line Value	Type
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
00100	Total Salaries	00200	Amount Reported	112,719,442.	
00100	Total Salaries	00400	Adjusted Salaries	112,719,442.	Salaries
00100	Total Salaries	00500	Paid Salary Hours	3,249,478.	Hours
00100	Total Salaries	00600	Average Hourly Amount	34.69	Average
00700	Salaries - Interns and Residents	00100	Wkst A Line Number	21.	Line Code
00700	Salaries - Interns and Residents	00200	Amount Reported	1,033,460.	00701
00700	Salaries - Interns and Residents	00400	Adjusted Salaries	1,033,460.	Salaries
00700	Salaries - Interns and Residents	00500	Paid Salary Hours	11,648.	Hours
00700	Salaries - Interns and Residents	00600	Average Hourly Amount	88.72	Average
00900	Salaries - Skilled Nursing Facility	00100	Wkst A Line Number	44.	Line Code
01000	Salaries - Excludes Area	00200	Amount Reported	6,019,784.	
01000	Salaries - Excludes Area	00300	Reclass. Salaries	163,849.	Adjustment
01000	Salaries - Excludes Area	00400	Adjusted Salaries	6,183,633.	Salaries
01000	Salaries - Excludes Area	00500	Paid Salary Hours	194,538.	Hours
01000	Salaries - Excludes Area	00600	Average Hourly Amount	31.79	Average
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00200	Amount Reported	3,442,117.	
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00400	Adjusted Salaries	3,442,117.	Salaries
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00500	Paid Salary Hours	44,433.	Hours
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00600	Average Hourly Amount	77.47	Average
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00200	Amount Reported	801,930.	
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00400	Adjusted Salaries	801,930.	Salaries
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00500	Paid Salary Hours	5,974.	Hours
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00600	Average Hourly Amount	134.24	Average
01401		00200	Amount Reported	11,126,322.	
01401		00400	Adjusted Salaries	11,126,322.	Salaries
01401		00500	Paid Salary Hours	328,641.	Hours
01401		00600	Average Hourly Amount	33.86	Average

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
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Line	Description	Col	Column Desc	Line Value	Type
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
01700	Wage Related Costs - Core	00200	Amount Reported	25,869,150.	
01700	Wage Related Costs - Core	00400	Adjusted Salaries	25,869,150.	Salaries
01900	Wage Related Costs - Excluded Areas	00200	Amount Reported	1,522,288.	
01900	Wage Related Costs - Excluded Areas	00400	Adjusted Salaries	1,522,288.	Salaries
02550		00200	Amount Reported	2,854,693.	
02550		00400	Adjusted Salaries	2,854,693.	Salaries
02600	Overhead Cost - Employee Benefits	00100	Wkst A Line Number	4.	Line Code
02600	Overhead Cost - Employee Benefits	00200	Amount Reported	587,121.	
02600	Overhead Cost - Employee Benefits	00300	Reclass. Salaries	5,509.	Adjustment
02600	Overhead Cost - Employee Benefits	00400	Adjusted Salaries	592,630.	Salaries
02600	Overhead Cost - Employee Benefits	00500	Paid Salary Hours	18,191.	Hours
02600	Overhead Cost - Employee Benefits	00600	Average Hourly Amount	32.58	Average
02700	Overhead Cost - Administrative & General	00100	Wkst A Line Number	5.	Line Code
02700	Overhead Cost - Administrative & General	00200	Amount Reported	12,527,943.	
02700	Overhead Cost - Administrative & General	00300	Reclass. Salaries	-136,708.	Adjustment
02700	Overhead Cost - Administrative & General	00400	Adjusted Salaries	12,391,235.	Salaries
02700	Overhead Cost - Administrative & General	00500	Paid Salary Hours	320,865.	Hours
02700	Overhead Cost - Administrative & General	00600	Average Hourly Amount	38.62	Average
02800	Overhead Cost - Administrative & General Under Contract	00200	Amount Reported	9,067.	
02800	Overhead Cost - Administrative & General Under Contract	00400	Adjusted Salaries	9,067.	Salaries
02800	Overhead Cost - Administrative & General Under Contract	00500	Paid Salary Hours	91.	Hours
02800	Overhead Cost - Administrative & General Under Contract	00600	Average Hourly Amount	99.64	Average
02900	Overhead Cost - Maintenance and Repairs	00100	Wkst A Line Number	6.	Line Code
03000	Overhead Cost - Operation of Plant	00100	Wkst A Line Number	7.	Line Code
03000	Overhead Cost - Operation of Plant	00200	Amount Reported	2,364,611.	
03000	Overhead Cost - Operation of Plant	00400	Adjusted Salaries	2,364,611.	Salaries
03000	Overhead Cost - Operation of Plant	00500	Paid Salary Hours	80,152.	Hours
03000	Overhead Cost - Operation of Plant	00600	Average Hourly Amount	29.50	Average
03100	Overhead Cost - Laundry and Linen Service	00100	Wkst A Line Number	8.	Line Code

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

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
03200	Overhead Cost - Housekeeping	00100	Wkst A Line Number	9.	Line Code
03300	Overhead Cost - Housekeeping Under Contract	00200	Amount Reported	2,784,010.	
03300	Overhead Cost - Housekeeping Under Contract	00400	Adjusted Salaries	2,784,010.	Salaries
03300	Overhead Cost - Housekeeping Under Contract	00500	Paid Salary Hours	183,040.	Hours
03300	Overhead Cost - Housekeeping Under Contract	00600	Average Hourly Amount	15.21	Average
03400	Overhead Cost - Dietary	00100	Wkst A Line Number	10.	Line Code
03500	Overhead Cost - Dietary Under Contract	00200	Amount Reported	1,706,876.	
03500	Overhead Cost - Dietary Under Contract	00400	Adjusted Salaries	1,706,876.	Salaries
03500	Overhead Cost - Dietary Under Contract	00500	Paid Salary Hours	104,645.	Hours
03500	Overhead Cost - Dietary Under Contract	00600	Average Hourly Amount	16.31	Average
03600	Overhead Cost - Cafeteria	00100	Wkst A Line Number	11.	Line Code
03700	Overhead Cost - Maintenance of Personnel	00100	Wkst A Line Number	12.	Line Code
03800	Overhead Cost - Nursing Admiistration	00100	Wkst A Line Number	13.	Line Code
03800	Overhead Cost - Nursing Admiistration	00200	Amount Reported	1,893,537.	
03800	Overhead Cost - Nursing Admiistration	00400	Adjusted Salaries	1,893,537.	Salaries
03800	Overhead Cost - Nursing Admiistration	00500	Paid Salary Hours	38,978.	Hours
03800	Overhead Cost - Nursing Admiistration	00600	Average Hourly Amount	48.58	Average
03900	Overhead Cost - Central Services and Supply	00100	Wkst A Line Number	14.	Line Code
03900	Overhead Cost - Central Services and Supply	00200	Amount Reported	701,206.	
03900	Overhead Cost - Central Services and Supply	00400	Adjusted Salaries	701,206.	Salaries
03900	Overhead Cost - Central Services and Supply	00500	Paid Salary Hours	34,273.	Hours
03900	Overhead Cost - Central Services and Supply	00600	Average Hourly Amount	20.46	Average
04000	Overhead Cost - Pharmacy	00100	Wkst A Line Number	15.	Line Code
04000	Overhead Cost - Pharmacy	00200	Amount Reported	4,725,749.	
04000	Overhead Cost - Pharmacy	00400	Adjusted Salaries	4,725,749.	Salaries
04000	Overhead Cost - Pharmacy	00500	Paid Salary Hours	104,626.	Hours
04000	Overhead Cost - Pharmacy	00600	Average Hourly Amount	45.17	Average
04100	Overhead Cost - Medical Records & Medical Records Library	00100	Wkst A Line Number	16.	Line Code
04100	Overhead Cost - Medical Records & Medical Records Library	00200	Amount Reported	1,441,760.	
04100	Overhead Cost - Medical Records & Medical Records Library	00400	Adjusted Salaries	1,441,760.	Salaries

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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

S30 Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
2 Part 2 - Wage Data					
04100	Overhead Cost - Medical Records & Medical Records Library	00500	Paid Salary Hours	50,407.	Hours
04100	Overhead Cost - Medical Records & Medical Records Library	00600	Average Hourly Amount	28.60	Average
04200	Overhead Cost - Social Service	00100	Wkst A Line Number	17.	Line Code
04300	Overhead Cost - Other General Services	00100	Wkst A Line Number	18.	Line Code
3 Part 3 - Hospital Wage Index Summary					
00100	Net Salaries	00200	Amount Reported	116,185,935.	Salaries
00100	Net Salaries	00400	Adjusted Salaries	116,185,935.	Salaries
00100	Net Salaries	00500	Paid Salary Hours	3,525,606.	Hours
00100	Net Salaries	00600	Average Hourly Amount	32.95	Average
00200	Excluded Area Salaries	00200	Amount Reported	6,019,784.	Salaries
00200	Excluded Area Salaries	00300	Reclass. Salaries	163,849.	Salaries
00200	Excluded Area Salaries	00400	Adjusted Salaries	6,183,633.	Salaries
00200	Excluded Area Salaries	00500	Paid Salary Hours	194,538.	Hours
00200	Excluded Area Salaries	00600	Average Hourly Amount	31.79	Average
00300	Sub Total Salaries (Line 01 Minus 02)	00200	Amount Reported	110,166,151.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00300	Reclass. Salaries	-163,849.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00400	Adjusted Salaries	110,002,302.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00500	Paid Salary Hours	3,331,068.	Hours
00300	Sub Total Salaries (Line 01 Minus 02)	00600	Average Hourly Amount	33.02	Average
00400	Sub Total Other Wages and Related Costs	00200	Amount Reported	15,370,369.	Salaries
00400	Sub Total Other Wages and Related Costs	00400	Adjusted Salaries	15,370,369.	Salaries
00400	Sub Total Other Wages and Related Costs	00500	Paid Salary Hours	379,048.	Hours
00400	Sub Total Other Wages and Related Costs	00600	Average Hourly Amount	40.55	Average
00500	Sub Total Wage Related Costs	00200	Amount Reported	28,723,843.	Salaries
00500	Sub Total Wage Related Costs	00400	Adjusted Salaries	28,723,843.	Salaries
00500	Sub Total Wage Related Costs	00600	Average Hourly Amount	26.11	Average
00600	Total (Sum of Lines 03 to 05)	00200	Amount Reported	154,260,363.	Salaries
00600	Total (Sum of Lines 03 to 05)	00300	Reclass. Salaries	-163,849.	Salaries
00600	Total (Sum of Lines 03 to 05)	00400	Adjusted Salaries	154,096,514.	Salaries
00600	Total (Sum of Lines 03 to 05)	00500	Paid Salary Hours	3,710,116.	Hours
00600	Total (Sum of Lines 03 to 05)	00600	Average Hourly Amount	41.53	Average
00700	Total Overhead Cost (See Instructions)	00200	Amount Reported	28,741,880.	Salaries

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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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
3	Part 3 - Hospital Wage Index Summary				
00700	Total Overhead Cost (See Instructions)	00300	Reclass. Salaries	-131,199.	Salaries
00700	Total Overhead Cost (See Instructions)	00400	Adjusted Salaries	28,610,681.	Salaries
00700	Total Overhead Cost (See Instructions)	00500	Paid Salary Hours	935,268.	Hours
00700	Total Overhead Cost (See Instructions)	00600	Average Hourly Amount	30.59	Average
4	Part 4 - Core List				
00100	Retirement - 401K Employer Contributions	00100	Amount	2,261,477.	
00802		00100	Amount	15,762,933.	
01500	Workers Compensation Insurance	00100	Amount	1,178,541.	
01700	FICA-Employers Portion Only	00100	Amount	8,212,002.	
01900	Unemployment Insurance	00100	Amount	86,446.	
02000	State or Federal Unemployment Taxes	00100	Amount	-128,364.	
02300	Tuition Reimbursement	00100	Amount	18,403.	
02400	Total Wage Related Cost (Sum lines 01-23)	00100	Amount	27,391,438.	
02500	OTHER WAGE RELATED COST	00000	Description		
5	Part 3 - Contract Labor and Benefit Cost				
00100	Total Facility Contract Labor and Benefit Cost	00100	Contract Labor	3,475,342.	
00100	Total Facility Contract Labor and Benefit Cost	00200	Benefit Cost	27,391,438.	
00200	Hospital	00100	Contract Labor	3,442,117.	
00200	Hospital	00200	Benefit Cost	25,893,530.	
00300	Subprovider - IPF	00200	Benefit Cost	779,038.	
00400	Subprovider - IRF	00100	Contract Labor	33,225.	
00400	Subprovider - IRF	00200	Benefit Cost	718,870.	
S50	Wkst S-5 Hospital-Based Renal Dialysis Department Statistical Data				
00100	Number of Patients in Program at End of Cost Reporting Period	00200	Outpatient - High Flux	80.	Census
00100	Number of Patients in Program at End of Cost Reporting Period	00400	Training - CAPD/CCPD	10.	Census
00100	Number of Patients in Program at End of Cost Reporting Period	00600	Home - CAPD/CCPD	18.	Census
00200	Numer of Times Per Week Patient Receives Dialysis	00200	Outpatient - High Flux	3.	Count
00200	Numer of Times Per Week Patient Receives Dialysis	00400	Training - CAPD/CCPD	4.	Count

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100288	ST MARYS MEDICAL CENTER WEST PALM BEACH, FL			33407	

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

S50	Wkst S-5 Hospital-Based Renal Dialysis Department Statistical Data				
00200	Numer of Times Per Week Patient Receives Dialysis	00600	Home - CAPD/CCPD	7.	Count
00300	Average Patient Dialysis Time	00200	Outpatient - High Flux	5.00	Time
00300	Average Patient Dialysis Time	00400	Training - CAPD/CCPD	4.00	Time
00400	CAPD Exchanges Per Day	00400	Training - CAPD/CCPD	4.	Count
00400	CAPD Exchanges Per Day	00600	Home - CAPD/CCPD	4.	Count
00500	Number of Days in Year Dialysis Was Furnished	00200	Outpatient - High Flux	312.	Days
00600	Number of Stations	00200	Outpatient - High Flux	24.	Count
00700	Treatment Capacity Per Day Per Station	00200	Outpatient - High Flux	2.	Capacity
00800	Utilization of Capacity (See Worksheet)	00200	Outpatient - High Flux	83.000000	Rate
01001	Is the dialysis facility approved as a low-volume facility for this cost reporting period?	00100	Outpatient - Regular	N	Answer
01002	Did your facility elect 100% PPS effective January 1, 2011?	00100	Outpatient - Regular	Y	Answer
01100	Transplant Information - Number of Patients on Transplant List	00100	Outpatient - Regular	5.	Count
01200	Transplant Information - Number of Patients Transplanted During Period	00100	Outpatient - Regular	1.	Count
02100	Payment Information	00100	Outpatient - Regular	X	

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S00	Wkst S Hospital and Hospital Healthcare Complex Cost Report Certification and Settlement Summary				
1	Part 1 - Cost Report Status				
00100	Electronically Filed Cost Report?	00100	Information	X	
00400	Medicare Utilization - F for 'Full' and L for 'Low'	00100	Information	F	
00500	Cost Report Status (1-Submitted 2-Settled 3-Audited 4-Reopened 5-Amended)	00100	Information	1	
00600	FI Received Date	00200	Information	06/30/2020	
00700	Fiscal Intermediary Number	00200	Information	09001	
00800	Initial Cost Report for this Provider CCN?	00200	Information	N	
00900	Final Cost Report for this Provider CCN?	00200	Information	N	
01100	Contractor Vendor Code	00300	Information	4	

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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

S00	Wkst S Hospital and Hospital Healthcare Complex Cost Report Certification and Settlement Summary				
3	Part 3 - Settlement Summary				
00100	Hospital	00200	Medicare - Part A	-622,293.	
20000	Total Settlement Summary	00200	Medicare - Part A	-622,293.	
S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
00300	Hospital	00200	CCN Number	102023	
00300	Hospital	00300	CBSA Number	48424	
00300	Hospital	00400	Provider Type	2.	
00300	Hospital	00500	Date Certified	12/01/2008	
00300	Hospital	00600	Payment - Title 5	N	
00300	Hospital	00700	Payment - Medicare	P	
00300	Hospital	00800	Payment - Medicaid	P	
02000	Cost Reporting Period	00100	Rept Period - From	12/01/2018	Date
02000	Cost Reporting Period	00200	Rept Period - To	11/30/2019	Date
02100	Type of Control	00100	Provider Type	4	Code
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00100	Question	N	Answer
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00200	Question	N	Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00100	Question	N	Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00200	Question	N	Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00100	Question	N	Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00200	Question	N	Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00100	Question	N	Answer

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00200	Question		N Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00300	Question		N Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00100	Question		3. Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00200	Question		N Answer
02600	Geographic Classification - Enter you standard geographic classification status at the beginning of the CR period.	00100	Geographic Location		1. Urban/Rur a
02700	Geographic Classification - Enter you standard geographic classification status at the end of the CR period.	00100	Geographic Location		1. Urban/Rur a
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00100	Answer - Part 1		N Answer
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00200	Answer - Part 2		N Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00100	Discharges before 10-1		N Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00200	Discharges after 10-1		N Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00100	Title 5		N Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00200	Medicare		N Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00300	Medicaid		N Answer

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00100	Title 5		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00200	Medicare		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00300	Medicaid		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00100	Title 5		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00200	Medicare		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00300	Medicaid		N Answer
04800	Is the facility electing full federal capital payment?	00100	Title 5		N Answer
04800	Is the facility electing full federal capital payment?	00200	Medicare		N Answer
04800	Is the facility electing full federal capital payment?	00300	Medicaid		N Answer
05600	Is this a teaching hospital involved in training residents in approved GME programs?	00100	Question		N Answer
05800	If line 56 is yes, did the facility elect cost reimbursement for physicians services as defined by CMS 15-1 section 2148?	00100	Question		N Answer
05900	Are costs claimed cost on Worksheet A line 100? If yes, complete D-2 Part 1	00100	Question		N Answer
06000	Are you claiming nursing school and allied health costs for a program that meets the provider criteria under 413.85?	00100	Question		N Answer
06100	Did your facility receive additional FTE slots uner ACA section 5503?	00100	Question		N Answer
06300	Has your facility trained residents in non-provider settings during the cost reporting period?	00100	Question		N Answer
07000	Is this facility an Inpatient Psychiatric Facility (IPF), or do you contain an IPF subprovider?	00100	Question		N Answer

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

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
07500	Is this facility an Inpatient Rehabilitation Facility (IRF) or do you contain an IRF subprovider?	00100	Question	N	Answer
08000	Is this a Long Term Care Hospital?	00100	Question	Y	Answer
08100	Line missing from Documentation.	00100	Question	N	Answer
08500	Is this a new hospital under 42 CFR 413.40 TEFRA?	00100	Question	N	Answer
08700	Is this hospital a 'Subclause (II)' LTCH classified under 1886(d)(B)(iv)(II)?	00100	Question	N	Answer
09000	Does this facility have title 5 and/or title 19 inpatient hospital services?	00100	Title 5	N	Answer
09000	Does this facility have title 5 and/or title 19 inpatient hospital services?	00200	Medicaid	Y	Answer
09100	Is this hospital reimbursed for title 5 and/or title 19 through the cost report either in full or part?	00100	Title 5	N	Answer
09100	Is this hospital reimbursed for title 5 and/or title 19 through the cost report either in full or part?	00200	Medicaid	N	Answer
09200	Are Title 19 NF patients occupying Title 18 SNF beds (dual certification)?	00200	Medicaid	N	Answer
09300	Does this facility operate an ICF/MR facility for purposes of Title 5 or 19?	00100	Title 5	N	Answer
09300	Does this facility operate an ICF/MR facility for purposes of Title 5 or 19?	00200	Medicaid	N	Answer
09400	Does title 5 or title 19 program reduce capital cost?	00100	Title 5	N	Answer
09400	Does title 5 or title 19 program reduce capital cost?	00200	Medicaid	N	Answer
09600	Does title 5 or title 19 reduce operating cost?	00100	Title 5	N	Answer
09600	Does title 5 or title 19 reduce operating cost?	00200	Medicaid	N	Answer
09800	N	00100	Component Name		
09800		00200	CCN Number	Y	
09801	N	00100	Component Name		
09801		00200	CCN Number	Y	
09802	N	00100	Component Name		
09802		00200	CCN Number	N	
09803	N	00100	Component Name		
09803		00200	CCN Number	N	

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102023	SSH - PALM BEACH LLC LAKE WORTH, FL 33461				

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
09804	N	00100	Component Name		
09804		00200	CCN Number	N	
09805	N	00100	Component Name		
09805		00200	CCN Number	Y	
09806	N	00100	Component Name		
09806		00200	CCN Number	N	
10500	Does this hospital qualify as a Critical Access Hospital(CAH)?	00100	Question	N	Answer
10800	Is this a rural hospital qualifying for an exception to the CRNA fee schedule?	00100	Question	N	Answer
10900	If this hospital qualifies as a CAH or cost provider, are therapy services provided by an outside supplier?	00200	Occupational	N	Answer
10900	If this hospital qualifies as a CAH or cost provider, are therapy services provided by an outside supplier?	00300	Speech	N	Answer
10900	If this hospital qualifies as a CAH or cost provider, are therapy services provided by an outside supplier?	00400	Respiratory	N	Answer
11000	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reportin	00100	Question	N	Answer
11100	N	00100	Component Name		
11200	N	00100	Component Name		
11500	Is this an all inclusive rate provider?	00100	Question	N	Answer
11600	Are you classified as a referral center?	00100	Question	N	Answer
11700	Is this facility legally required to carry malpractice insurance?	00100	Malpractice Ins	Y	Answer
11800	Is the malpractice insurance a claims-made or occurrence policy?	00100	Question	1.	Answer
11801	List amounts of malpractice premiums and paid losses	00100	Premiums	161,388.	Amount
11802	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General?	00100	Question	N	Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00100	Question	N	Answer

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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

S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00200	Rural Hospital		N Answer
12100	Did this facility incur and report cost for the high cost implantable devices charged to patients?	00100	Question		N Answer
12200	Does this cost report contain state health or similar taxes?	00100	Question		N Answer
12500	Does this facility operate a transplant center? Yes or No and enter certification date.	00100	Question		N Answer
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00100	Question		Y Answer
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00200	Chain Number	HB0312	Code
14100	NAME: SELECT MEDICAL	00100	Chain Organization		
14100	NOVITAS SOLUTIONS INC.	00200	Chain Organization		
14100	12001	00300	Chain Organization		
14200	STREET: 4714 GETTYSBURG ROAD	00100	Chain Organization		
14300	CITY: MECHANICSBURG	00100	Chain Organization		
14300	PA	00200	Chain Organization		
14300	17055	00300	Chain Organization		
14400	Are provider based physicians cost included in Worksheet A?	00100	Question		Y Answer
14500	If you are claiming cost for renal services on Worksheet A Line 74, are they cost for inpatient services only?	00100	Question		Y Answer
14500	If you are claiming cost for renal services on Worksheet A Line 74, are they cost for inpatient services only?	00200	Question		N Answer
14600	Has the cost allocation methodology changed from the previously filed cost report?	00100	Question		N Answer
14700	Was there a change in the statistical basis?	00100	Question		N Answer
14800	Was there a change in the order of allocation?	00100	Question		N Answer
14900	Was the change to the simplified cost finding method?	00100	Question		N Answer

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102023	SSH - PALM BEACH LLC LAKE WORTH, FL 33461				

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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00100	Medicare Part A		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00200	Medicare Part B		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00300	Title V		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00400	Medicaid		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer

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102023 SSH - PALM BEACH LLC LAKE WORTH, FL 33461

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S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data				
2	Part 2 - Reimbursement Questionnaire				
00100	Has the provider changed ownership immediately prior to the beginning of the cost report period?	00100	Question		N
00200	Has the provider terminated participation in the Medicare Program?	00100	Question		N
00300	Is the provider involved in business transactions with individuals or entities that are related to the provider?	00100	Question		Y Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00100	Question		Y Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00200	Type of Statements		C Answer
00500	Are the cost report total expenses and total revenues different from those on filed financial statements?	00100	Question		N Answer
00600	Were cost claimed for nursing school?	00100	Question		N Answer
00700	Were cost claimed for allied health programs?	00100	Question		N Answer
00800	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	00100	Question		N Answer
00900	Are cost claimed for Intern-Resident programs claimed on the current cost report?	00100	Question		N Answer
01000	Was an Intern-Resident program initiated or renewed in the current cost reporting period?	00100	Question		N Answer
01100	Are GME cost directly assigned to cost centers other than I&R in an Approved Teaching Program on Worksheet A?	00100	Question		N Answer
01200	Is the provider seeking reimbursement for bad debts?	00100	Question		Y Answer
01300	If line 12 is yes, did the provider's bad debt collection policy change during the cost reporting period?	00100	Question		N Answer
01400	If line 12 is yes, are patient deductibles and/or co-payments waived?	00100	Question		N Answer
01500	Have total beds available changed from prior cost reporting period?	00100	Question		N Answer
01600	Was the cost report prepared using the PS&R only?	00100	Part A - Question		N Answer

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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

S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data				
2	Part 2 - Reimbursement Questionnaire				
01600	Was the cost report prepared using the PS&R only?	00300	Part B - Question		N Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00100	Part A - Question		N Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00300	Part B - Question		N Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additional claims that have been billed but not included on t	00100	Information		N Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additional claims that have been billed but not included on t	00300	Information		N Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00100	Information		N Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00300	Information		N Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00100	Information		N Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00300	Information		N Answer
02100	Was the cost report prepared only using the provider's records?	00100	Information		Y Answer
02100	Was the cost report prepared only using the provider's records?	00300	Information		N Answer
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00100	Wkst Line No	30.	Line Code
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00200	Number of Beds	60.	Beds
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00300	Days Available	21,900.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00600	Medicare Inpatient Days	8,109.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00800	Total Inpatient Days	18,931.	Days

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

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01300	Medicare Discharges	295.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01500	Total Discharges	554.	Discharges
00200	HMO and Other	00600	Medicare Inpatient Days	5,986.	Days
00200	HMO and Other	00700	Medicaid Inpatient Days	477.	Days
00200	HMO and Other	01300	Medicare Discharges	169.	Discharges
00200	HMO and Other	01400	Medicaid Discharges	12.	Discharges
00700	Total Adults and Pediatrics (exclude observation beds)	00200	Number of Beds	60.	Beds
00700	Total Adults and Pediatrics (exclude observation beds)	00300	Days Available	21,900.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00600	Medicare Inpatient Days	8,109.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00800	Total Inpatient Days	18,931.	Days
00800	Intensive Care Unit	00100	Wkst Line No	31.	Line Code
00900	Coronary Care Unit	00100	Wkst Line No	32.	Line Code
01000	Burn Intensive Care Unit	00100	Wkst Line No	33.	Line Code
01100	Surgical Intensive Care Unit	00100	Wkst Line No	34.	Line Code
01200	Other Special Care	00100	Wkst Line No	35.	Line Code
01300	Nursery	00100	Wkst Line No	43.	Line Code
01400	Total (see instructions)	00200	Number of Beds	60.	Beds
01400	Total (see instructions)	00300	Days Available	21,900.	Days
01400	Total (see instructions)	00600	Medicare Inpatient Days	8,109.	Days
01400	Total (see instructions)	00800	Total Inpatient Days	18,931.	Days
01400	Total (see instructions)	01000	Employees on Payroll	213.63	FTEs
01400	Total (see instructions)	01300	Medicare Discharges	295.	Discharges
01400	Total (see instructions)	01500	Total Discharges	554.	Discharges
01600	Subprovider - IPF	00100	Wkst Line No	40.	Line Code
01700	Subprovider - IRF	00100	Wkst Line No	41.	Line Code
01800	Subprovider - Other	00100	Wkst Line No	42.	Line Code
01900	Skilled Nursing Facility	00100	Wkst Line No	44.	Line Code
02000	Nursing Facility	00100	Wkst Line No	45.	Line Code
02100	Other Long Term Care	00100	Wkst Line No	46.	Line Code

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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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00600	Average Hourly Amount	183.64	Average
02600	Overhead Cost - Employee Benefits	00100	Wkst A Line Number	4.	Line Code
02600	Overhead Cost - Employee Benefits	00200	Amount Reported	61,888.	
02600	Overhead Cost - Employee Benefits	00400	Adjusted Salaries	61,888.	Salaries
02600	Overhead Cost - Employee Benefits	00500	Paid Salary Hours	1,653.60	Hours
02600	Overhead Cost - Employee Benefits	00600	Average Hourly Amount	37.43	Average
02700	Overhead Cost - Administrative & General	00100	Wkst A Line Number	5.	Line Code
02700	Overhead Cost - Administrative & General	00200	Amount Reported	1,550,784.	
02700	Overhead Cost - Administrative & General	00300	Reclass. Salaries	-38,497.	Adjustment
02700	Overhead Cost - Administrative & General	00400	Adjusted Salaries	1,512,287.	Salaries
02700	Overhead Cost - Administrative & General	00500	Paid Salary Hours	39,838.73	Hours
02700	Overhead Cost - Administrative & General	00600	Average Hourly Amount	37.96	Average
02900	Overhead Cost - Maintenance and Repairs	00100	Wkst A Line Number	6.	Line Code
03000	Overhead Cost - Operation of Plant	00100	Wkst A Line Number	7.	Line Code
03000	Overhead Cost - Operation of Plant	00200	Amount Reported	448,840.	
03000	Overhead Cost - Operation of Plant	00400	Adjusted Salaries	448,840.	Salaries
03000	Overhead Cost - Operation of Plant	00500	Paid Salary Hours	20,248.95	Hours
03000	Overhead Cost - Operation of Plant	00600	Average Hourly Amount	22.17	Average
03100	Overhead Cost - Laundry and Linen Service	00100	Wkst A Line Number	8.	Line Code
03200	Overhead Cost - Housekeeping	00100	Wkst A Line Number	9.	Line Code
03200	Overhead Cost - Housekeeping	00200	Amount Reported	294,361.	
03200	Overhead Cost - Housekeeping	00400	Adjusted Salaries	294,361.	Salaries
03200	Overhead Cost - Housekeeping	00500	Paid Salary Hours	22,075.19	Hours
03200	Overhead Cost - Housekeeping	00600	Average Hourly Amount	13.33	Average
03400	Overhead Cost - Dietary	00100	Wkst A Line Number	10.	Line Code
03400	Overhead Cost - Dietary	00200	Amount Reported	472,941.	
03400	Overhead Cost - Dietary	00400	Adjusted Salaries	472,941.	Salaries
03400	Overhead Cost - Dietary	00500	Paid Salary Hours	24,671.66	Hours
03400	Overhead Cost - Dietary	00600	Average Hourly Amount	19.17	Average
03600	Overhead Cost - Cafeteria	00100	Wkst A Line Number	11.	Line Code
03700	Overhead Cost - Maintenance of Personnel	00100	Wkst A Line Number	12.	Line Code
03800	Overhead Cost - Nursing Administration	00100	Wkst A Line Number	13.	Line Code

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

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
03800	Overhead Cost - Nursing Administration	00200	Amount Reported	470,176.	
03800	Overhead Cost - Nursing Administration	00400	Adjusted Salaries	470,176.	Salaries
03800	Overhead Cost - Nursing Administration	00500	Paid Salary Hours	9,232.15	Hours
03800	Overhead Cost - Nursing Administration	00600	Average Hourly Amount	50.93	Average
03900	Overhead Cost - Central Services and Supply	00100	Wkst A Line Number	14.	Line Code
04000	Overhead Cost - Pharmacy	00100	Wkst A Line Number	15.	Line Code
04100	Overhead Cost - Medical Records & Medical Records Library	00100	Wkst A Line Number	16.	Line Code
04100	Overhead Cost - Medical Records & Medical Records Library	00200	Amount Reported	133,212.	
04100	Overhead Cost - Medical Records & Medical Records Library	00400	Adjusted Salaries	133,212.	Salaries
04100	Overhead Cost - Medical Records & Medical Records Library	00500	Paid Salary Hours	4,120.72	Hours
04100	Overhead Cost - Medical Records & Medical Records Library	00600	Average Hourly Amount	32.33	Average
04200	Overhead Cost - Social Service	00100	Wkst A Line Number	17.	Line Code
04300	Overhead Cost - Other General Services	00100	Wkst A Line Number	18.	Line Code
3	Part 3 - Hospital Wage Index Summary				
00100	Net Salaries	00200	Amount Reported	13,298,257.	Salaries
00100	Net Salaries	00400	Adjusted Salaries	13,298,257.	Salaries
00100	Net Salaries	00500	Paid Salary Hours	444,348.57	Hours
00100	Net Salaries	00600	Average Hourly Amount	29.93	Average
00200	Excluded Area Salaries	00300	Reclass. Salaries	38,497.	Salaries
00200	Excluded Area Salaries	00400	Adjusted Salaries	38,497.	Salaries
00200	Excluded Area Salaries	00500	Paid Salary Hours	1,327.99	Hours
00200	Excluded Area Salaries	00600	Average Hourly Amount	28.99	Average
00300	Sub Total Salaries (Line 01 Minus 02)	00200	Amount Reported	13,298,257.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00300	Reclass. Salaries	-38,497.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00400	Adjusted Salaries	13,259,760.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00500	Paid Salary Hours	443,020.58	Hours
00300	Sub Total Salaries (Line 01 Minus 02)	00600	Average Hourly Amount	29.93	Average
00400	Sub Total Other Wages and Related Costs	00200	Amount Reported	85,793.	Salaries
00400	Sub Total Other Wages and Related Costs	00400	Adjusted Salaries	85,793.	Salaries

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

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
3	Part 3 - Hospital Wage Index Summary				
00400	Sub Total Other Wages and Related Costs	00500	Paid Salary Hours	467.17	Hours
00400	Sub Total Other Wages and Related Costs	00600	Average Hourly Amount	183.64	Average
00600	Total (Sum of Lines 03 to 05)	00200	Amount Reported	13,384,050.	Salaries
00600	Total (Sum of Lines 03 to 05)	00300	Reclass. Salaries	-38,497.	Salaries
00600	Total (Sum of Lines 03 to 05)	00400	Adjusted Salaries	13,345,553.	Salaries
00600	Total (Sum of Lines 03 to 05)	00500	Paid Salary Hours	443,487.75	Hours
00600	Total (Sum of Lines 03 to 05)	00600	Average Hourly Amount	30.09	Average
00700	Total Overhead Cost (See Instructions)	00200	Amount Reported	3,432,202.	Salaries
00700	Total Overhead Cost (See Instructions)	00300	Reclass. Salaries	-38,497.	Salaries
00700	Total Overhead Cost (See Instructions)	00400	Adjusted Salaries	3,393,705.	Salaries
00700	Total Overhead Cost (See Instructions)	00500	Paid Salary Hours	121,841.	Hours
00700	Total Overhead Cost (See Instructions)	00600	Average Hourly Amount	27.85	Average

102025 KINDRED HOSPITAL THE PALM BEACHES RIVIERA BEACH, FL 33418

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

S00	Wkst S Hospital and Hospital Healthcare Complex Cost Report Certification and Settlement Summary				
1	Part 1 - Cost Report Status				
00100	Electronically Filed Cost Report?	00100	Information	X	
00400	Medicare Utilization - F for 'Full' and L for 'Low'	00100	Information	F	
00500	Cost Report Status (1-Submitted 2-Settled 3-Audited 4-Reopened 5-Amended)	00100	Information	1	
00600	FI Received Date	00200	Information	01/29/2020	
00700	Fiscal Intermediary Number	00200	Information	09001	
00800	Initial Cost Report for this Provider CCN?	00200	Information	N	
00900	Final Cost Report for this Provider CCN?	00200	Information	N	
01100	Contractor Vendor Code	00300	Information	4	
3	Part 3 - Settlement Summary				
00100	Hospital	00200	Medicare - Part A	-321,082.	
00100	Hospital	00300	Medicare - Part B	-11,932.	
20000	Total Settlement Summary	00200	Medicare - Part A	-321,082.	
20000	Total Settlement Summary	00300	Medicare - Part B	-11,932.	

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
00300	Hospital	00200	CCN Number	102025	
00300	Hospital	00300	CBSA Number	48424	
00300	Hospital	00400	Provider Type	2.	
00300	Hospital	00500	Date Certified	06/01/2009	
00300	Hospital	00600	Payment - Title 5	N	
00300	Hospital	00700	Payment - Medicare	P	
00300	Hospital	00800	Payment - Medicaid	P	
02000	Cost Reporting Period	00100	Rept Period - From	09/01/2018	Date
02000	Cost Reporting Period	00200	Rept Period - To	08/31/2019	Date
02100	Type of Control	00100	Provider Type	4	Code
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00100	Question	N	Answer
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00200	Question	N	Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00100	Question	N	Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00200	Question	N	Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00100	Question	N	Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00200	Question	N	Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00100	Question	N	Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00200	Question	N	Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00300	Question	N	Answer

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00100	Question		2. Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00200	Question		N Answer
02600	Geographic Classification - Enter you standard geographic classification status at the beginning of the CR period.	00100	Geographic Location		1. Urban/Rur a
02700	Geographic Classification - Enter you standard geographic classification status at the end of the CR period.	00100	Geographic Location		1. Urban/Rur a
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00100	Answer - Part 1		N Answer
03900	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 4	00200	Answer - Part 2		N Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00100	Discharges before 10-1		N Answer
04000	Is the hospital subject to the HAC program reduction adjustment? Enter Y/N for Discharges before and after October 1.	00200	Discharges after 10-1		N Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00100	Title 5		N Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00200	Medicare		N Answer
04500	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320?	00300	Medicaid		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00100	Title 5		N Answer
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00200	Medicare		N Answer

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
1	Part 1 - Complex Identification Data				
04600	If you are a fully prospective or hold harmless provider, are you eligible for the special exceptions payment pursuant to 42	00300	Medicaid		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00100	Title 5		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00200	Medicare		N Answer
04700	Is this a new hospital under 42 CFR 412.300 PPS capital?	00300	Medicaid		N Answer
04800	Is the facility electing full federal capital payment?	00100	Title 5		N Answer
04800	Is the facility electing full federal capital payment?	00200	Medicare		N Answer
04800	Is the facility electing full federal capital payment?	00300	Medicaid		N Answer
05600	Is this a teaching hospital involved in training residents in approved GME programs?	00100	Question		N Answer
05900	Are costs claimed cost on Worksheet A line 100? If yes, complete D-2 Part 1	00100	Question		N Answer
06000	Are you claiming nursing school and allied health costs for a program that meets the provider criteria under 413.85?	00100	Question		N Answer
06100	Did your facility receive additional FTE slots uner ACA section 5503?	00100	Question		N Answer
06300	Has your facility trained residents in non-provider settings during the cost reporting period?	00100	Question		N Answer
07000	Is this facility an Inpatient Psychiatric Facility (IPF), or do you contain an IPF subprovider?	00100	Question		N Answer
07500	Is this facility an Inpatient Rehabilitation Facility (IRF) or do you contain an IRF subprovider?	00100	Question		N Answer
08000	Is this a Long Term Care Hospital?	00100	Question		Y Answer
08100	Line missing from Documentation.	00100	Question		N Answer
08500	Is this a new hospital under 42 CFR 413.40 TEFRA?	00100	Question		N Answer
08700	Is this hospital a 'Subclause (II)' LTCH classified under 1886(d)(B)(iv)(II)?	00100	Question		N Answer

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

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
1	Part 1 - Complex Identification Data				
09000	Does this facility have title 5 and/or title 19 inpatient hospital services?	00100	Title 5		N Answer
09000	Does this facility have title 5 and/or title 19 inpatient hospital services?	00200	Medicaid		Y Answer
09100	Is this hospital reimbrused for title 5 and/or title 19 through the cost report either in full or part?	00100	Title 5		N Answer
09100	Is this hospital reimbrused for title 5 and/or title 19 through the cost report either in full or part?	00200	Medicaid		N Answer
09200	Are Title 19 NF patients occupying Title 18 SNF beds (dual certification)?	00200	Medicaid		N Answer
09300	Does this facility operate an ICF/MR facility for purposes of Title 5 or 19?	00100	Title 5		N Answer
09300	Does this facility operate an ICF/MR facility for purposes of Title 5 or 19?	00200	Medicaid		N Answer
09400	Does title 5 or title 19 program reduce capital cost?	00100	Title 5		N Answer
09400	Does title 5 or title 19 program reduce capital cost?	00200	Medicaid		N Answer
09600	Does title 5 or title 19 reduce operating cost?	00100	Title 5		N Answer
09600	Does title 5 or title 19 reduce operating cost?	00200	Medicaid		N Answer
09800	Y	00100	Component Name		
09800		00200	CCN Number		Y
09801	Y	00100	Component Name		
09801		00200	CCN Number		Y
09802	Y	00100	Component Name		
09802		00200	CCN Number		Y
09803	N	00100	Component Name		
09803		00200	CCN Number		N
09804	N	00100	Component Name		
09804		00200	CCN Number		N
09805	Y	00100	Component Name		
09805		00200	CCN Number		Y
09806	Y	00100	Component Name		
09806		00200	CCN Number		Y
10500	Does this hospital qualify as a Critical Access Hospital(CAH)?	00100	Question		N Answer

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
10800	Is this a rural hospital qualifying for an exception to the CRNA fee schedule?	00100	Question		N Answer
10900	If this hospital qualifies as a CAH or cost provider, are therapy services provided by an outside supplier?	00100	Physical		N Answer
10900	If this hospital qualifies as a CAH or cost provider, are therapy services provided by an outside supplier?	00200	Occupational		N Answer
10900	If this hospital qualifies as a CAH or cost provider, are therapy services provided by an outside supplier?	00300	Speech		N Answer
10900	If this hospital qualifies as a CAH or cost provider, are therapy services provided by an outside supplier?	00400	Respiratory		N Answer
11000	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reportin	00100	Question		N Answer
11100	N	00100	Component Name		
11500	Is this an all inclusive rate provider?	00100	Question		N Answer
11600	Are you classified as a referral center?	00100	Question		N Answer
11700	Is this facility legally required to carry malpractice insurance?	00100	Malpractice Ins		Y Answer
11800	Is the malpractice insurance a claims-made or occurrence policy?	00100	Question		1. Answer
11801	List amounts of malpractice premiums and paid losses	00100	Premiums	106,336.	Amount
11801	List amounts of malpractice premiums and paid losses	00300	Self Insurance	302,515.	Amount
11802	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General?	00100	Question		N Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00100	Question		N Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00200	Rural Hospital		N Answer
12100	Did this facility incur and report cost for the high cost implantable devices charged to patients?	00100	Question		N Answer

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

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S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
12200	Does this cost report contain state health or similar taxes?	00100	Question		N Answer
12500	Does this facility operate a transplant center? Yes or No and enter certification date.	00100	Question		N Answer
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00100	Question		Y Answer
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00200	Chain Number	189003	Code
14100	KINDRED HEALTHCARE OPERATING LLC	00100	Chain Organization		
14100	WISCONSIN PHYSICIANS SERVICES	00200	Chain Organization		
14100	05901	00300	Chain Organization		
14200	680 SOUTH FOURTH STREET	00100	Chain Organization		
14300	LOUISVILLE	00100	Chain Organization		
14300	KY	00200	Chain Organization		
14300	40202	00300	Chain Organization		
14400	Are provider based physicians cost included in Worksheet A?	00100	Question		Y Answer
14500	If you are claiming cost for renal services on Worksheet A Line 74, are they cost for inpatient services only?	00100	Question		Y Answer
14600	Has the cost allocation methodology changed from the previously filed cost report?	00100	Question		N Answer
14700	Was there a change in the statistical basis?	00100	Question		N Answer
14800	Was there a change in the order of allocation?	00100	Question		N Answer
14900	Was the change to the simplified cost finding method?	00100	Question		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00100	Medicare Part A		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00200	Medicare Part B		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00300	Title V		N Answer

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00400	Medicaid		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	CBSA Number		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Provider Type		N Answer

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	Title V		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Medicaid		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00200	Medicare Part B		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00300	Title V		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00400	Medicaid		N Answer
16500	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs?	00100	Question		N Answer
16700	Is this provider a meaningful user under 1886 (n)?	00100	Question		N Answer
17100	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on	00100	Question		N Answer
2	Part 2 - Reimbursement Questionnaire				
00100	Has the provider changed ownership immediately prior to the beginning of the cost report period?	00100	Question		N
00200	Has the provider terminated participation in the Medicare Program?	00100	Question		N
00300	Is the provider involved in business transactions with individuals or entities that are related to the provider?	00100	Question		Y Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00100	Question		Y Answer

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

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

Line	Line Description	Col	Column Desc	Line Value	Type
S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
2	Part 2 - Reimbursement Questionnaire				
00400	Were the financial statements prepared by a Certified Public Accountant?	00200	Type of Statements	A	Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00300	Date Available	03/31/2020	Answer
00500	Are the cost report total expenses and total revenues different from those on filed financial statements?	00100	Question	N	Answer
00600	Were cost claimed for nursing school?	00100	Question	N	Answer
00700	Were cost claimed for allied health programs?	00100	Question	N	Answer
00800	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	00100	Question	N	Answer
00900	Are cost claimed for Intern-Resident programs claimed on the current cost report?	00100	Question	N	Answer
01000	Was an Intern-Resident program initiated or renewed in the current cost reporting period?	00100	Question	N	Answer
01100	Are GME cost directly assigned to cost centers other than I&R in an Approved Teaching Program on Worksheet A?	00100	Question	N	Answer
01200	Is the provider seeking reimbursement for bad debts?	00100	Question	Y	Answer
01300	If line 12 is yes, did the provider's bad debt collection policy change during the cost reporting period?	00100	Question	N	Answer
01400	If line 12 is yes, are patient deductibles and/or co-payments waived?	00100	Question	N	Answer
01500	Have total beds available changed from prior cost reporting period?	00100	Question	N	Answer
01600	Was the cost report prepared using the PS&R only?	00100	Part A - Question	Y	Answer
01600	Was the cost report prepared using the PS&R only?	00200	Part A - Date	11/30/2019	Answer
01600	Was the cost report prepared using the PS&R only?	00300	Part B - Question	Y	Answer
01600	Was the cost report prepared using the PS&R only?	00400	Part B - Date	11/30/2019	Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00100	Part A - Question	N	Answer

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
2	Part 2 - Reimbursement Questionnaire				
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00300	Part B - Question		N Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additioanl claims that have been billed but not included on t	00100	Information		N Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additioanl claims that have been billed but not included on t	00300	Information		N Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00100	Information		N Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00300	Information		N Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00100	Information		N Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00300	Information		N Answer
02100	Was the cost report prepared only using the provider's records?	00100	Information		N Answer
02100	Was the cost report prepared only using the provider's records?	00300	Information		N Answer
03600	Are home office cost claimed on the cost report?	00100	Question		Y Answer
03700	If line 36 is yes, has a home office cost statement been prepared by the home office?	00100	Question		Y Answer
03800	If line 36 is yes, was the fiscal year end of the home office differencnt from the provider?	00100	Question		Y Answer
03800	If line 36 is yes, was the fiscal year end of the home office differencnt from the provider?	00200	Question	12/31/2019	Answer
03900	if line 36 is yes, did the provider render services to other chain components?	00100	Question		N Answer
04000	If line 36 is yes, did the provider render services to the home office?	00100	Question		N Answer
S30	Wkst S-3 Hospital and Hosptial Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00100	Wkst Line No		30. Line Code

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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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00200	Number of Beds	60.	Beds
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00300	Days Available	21,900.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00600	Medicare Inpatient Days	6,924.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00800	Total Inpatient Days	14,249.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01300	Medicare Discharges	331.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01500	Total Discharges	558.	Discharges
00200	HMO and Other	00600	Medicare Inpatient Days	4,020.	Days
00200	HMO and Other	00700	Medicaid Inpatient Days	144.	Days
00200	HMO and Other	01300	Medicare Discharges	116.	Discharges
00200	HMO and Other	01400	Medicaid Discharges	3.	Discharges
00700	Total Adults and Pediatrics (exclude obervation beds)	00200	Number of Beds	60.	Beds
00700	Total Adults and Pediatrics (exclude obervation beds)	00300	Days Available	21,900.	Days
00700	Total Adults and Pediatrics (exclude obervation beds)	00600	Medicare Inpatient Days	6,924.	Days
00700	Total Adults and Pediatrics (exclude obervation beds)	00800	Total Inpatient Days	14,249.	Days
00800	Intensive Care Unit	00100	Wkst Line No	31.	Line Code
00800	Intensive Care Unit	00200	Number of Beds	10.	Beds
00800	Intensive Care Unit	00300	Days Available	3,650.	Days
00800	Intensive Care Unit	00600	Medicare Inpatient Days	1,696.	Days
00800	Intensive Care Unit	00800	Total Inpatient Days	2,777.	Days
00900	Coronary Care Unit	00100	Wkst Line No	32.	Line Code
01000	Burn Intensive Care Unit	00100	Wkst Line No	33.	Line Code
01100	Surgical Intensive Care Unit	00100	Wkst Line No	34.	Line Code
01200	Other Special Care	00100	Wkst Line No	35.	Line Code
01300	Nursery	00100	Wkst Line No	43.	Line Code
01400	Total (see instructions)	00200	Number of Beds	70.	Beds
01400	Total (see instructions)	00300	Days Available	25,550.	Days

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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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
01400	Total (see instructions)	00600	Medicare Inpatient Days	8,620.	Days
01400	Total (see instructions)	00800	Total Inpatient Days	17,026.	Days
01400	Total (see instructions)	01000	Employees on Payroll	170.60	FTEs
01400	Total (see instructions)	01300	Medicare Discharges	331.	Discharges
01400	Total (see instructions)	01500	Total Discharges	558.	Discharges
01600	Subprovider - IPF	00100	Wkst Line No	40.	Line Code
01700	Subprovider - IRF	00100	Wkst Line No	41.	Line Code
01800	Subprovider - Other	00100	Wkst Line No	42.	Line Code
01900	Skilled Nursing Facility	00100	Wkst Line No	44.	Line Code
02000	Nursing Facility	00100	Wkst Line No	45.	Line Code
02100	Other Long Term Care	00100	Wkst Line No	46.	Line Code
02200	Home Health Agency	00100	Wkst Line No	101.	Line Code
02300	Ambulatory Surgical Center - ASC (Distinct Part)	00100	Wkst Line No	115.	Line Code
02400	Hospice (Distinct Part)	00100	Wkst Line No	116.	Line Code
02410	Hospice (Non-Distinct Part)	00100	Wkst Line No	30.	Line Code
02500	Community Mental Health Clinic	00100	Wkst Line No	99.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	88.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	89.	Line Code
02700	Total (Sum Lines 14 to 26)	00200	Number of Beds	70.	Beds
02700	Total (Sum Lines 14 to 26)	01000	Employees on Payroll	170.60	FTEs
03300	LTCH Non-Covered Days	00600	Medicare Inpatient Days	140.	Days
03301		00600	Medicare Inpatient Days	542.	Days
03301		01300	Medicare Discharges	23.	Discharges
2	Part 2 - Wage Data				
00100	Total Salaries	00100	Wkst A Line Number	200.	Line Code
00100	Total Salaries	00200	Amount Reported	10,920,128.	
00100	Total Salaries	00400	Adjusted Salaries	10,920,128.	Salaries
00100	Total Salaries	00500	Paid Salary Hours	354,843.74	Hours
00100	Total Salaries	00600	Average Hourly Amount	30.77	Average
00700	Salaries - Interns and Residents	00100	Wkst A Line Number	21.	Line Code
00900	Salaries - Skilled Nursing Facility	00100	Wkst A Line Number	44.	Line Code

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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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
01000	Salaries - Excludes Area	00300	Reclass. Salaries	166,448.	Adjustment
01000	Salaries - Excludes Area	00400	Adjusted Salaries	166,448.	Salaries
01000	Salaries - Excludes Area	00500	Paid Salary Hours	2,743.38	Hours
01000	Salaries - Excludes Area	00600	Average Hourly Amount	60.67	Average
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00200	Amount Reported	1,300,611.	
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00400	Adjusted Salaries	1,300,611.	Salaries
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00500	Paid Salary Hours	23,190.	Hours
01100	Other Wages & Cost - Contract Labor - Direct Patient Care	00600	Average Hourly Amount	56.08	Average
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00200	Amount Reported	469,524.	
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00400	Adjusted Salaries	469,524.	Salaries
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00500	Paid Salary Hours	5,287.	Hours
01300	Other Wages & Cost - Contract Labor - Physician Part A - Administrative	00600	Average Hourly Amount	88.81	Average
01401		00200	Amount Reported	1,117,226.	
01401		00400	Adjusted Salaries	1,117,226.	Salaries
01401		00500	Paid Salary Hours	21,703.46	Hours
01401		00600	Average Hourly Amount	51.48	Average
01700	Wage Related Costs - Core	00200	Amount Reported	1,376,693.	
01700	Wage Related Costs - Core	00400	Adjusted Salaries	1,376,693.	Salaries
01900	Wage Related Costs - Excluded Areas	00200	Amount Reported	21,309.	
01900	Wage Related Costs - Excluded Areas	00400	Adjusted Salaries	21,309.	Salaries
02600	Overhead Cost - Employee Benefits	00100	Wkst A Line Number	4.	Line Code
02600	Overhead Cost - Employee Benefits	00200	Amount Reported	31,892.	
02600	Overhead Cost - Employee Benefits	00400	Adjusted Salaries	31,892.	Salaries
02600	Overhead Cost - Employee Benefits	00500	Paid Salary Hours	512.55	Hours
02600	Overhead Cost - Employee Benefits	00600	Average Hourly Amount	62.22	Average
02700	Overhead Cost - Administrative & General	00100	Wkst A Line Number	5.	Line Code
02700	Overhead Cost - Administrative & General	00200	Amount Reported	1,124,243.	

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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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Wage Data				
03900	Overhead Cost - Central Services and Supply	00500	Paid Salary Hours	5,660.	Hours
03900	Overhead Cost - Central Services and Supply	00600	Average Hourly Amount	16.66	Average
04000	Overhead Cost - Pharmacy	00100	Wkst A Line Number	15.	Line Code
04000	Overhead Cost - Pharmacy	00200	Amount Reported	684,990.	
04000	Overhead Cost - Pharmacy	00400	Adjusted Salaries	684,990.	Salaries
04000	Overhead Cost - Pharmacy	00500	Paid Salary Hours	17,468.	Hours
04000	Overhead Cost - Pharmacy	00600	Average Hourly Amount	39.21	Average
04100	Overhead Cost - Medical Records & Medical Records Library	00100	Wkst A Line Number	16.	Line Code
04100	Overhead Cost - Medical Records & Medical Records Library	00200	Amount Reported	349,998.	
04100	Overhead Cost - Medical Records & Medical Records Library	00400	Adjusted Salaries	349,998.	Salaries
04100	Overhead Cost - Medical Records & Medical Records Library	00500	Paid Salary Hours	10,767.	Hours
04100	Overhead Cost - Medical Records & Medical Records Library	00600	Average Hourly Amount	32.51	Average
04200	Overhead Cost - Social Service	00100	Wkst A Line Number	17.	Line Code
04200	Overhead Cost - Social Service	00200	Amount Reported	660,878.	
04200	Overhead Cost - Social Service	00300	Reclass. Salaries	-166,448.	Adjustment
04200	Overhead Cost - Social Service	00400	Adjusted Salaries	494,430.	Salaries
04200	Overhead Cost - Social Service	00500	Paid Salary Hours	11,348.62	Hours
04200	Overhead Cost - Social Service	00600	Average Hourly Amount	43.57	Average
04300	Overhead Cost - Other General Services	00100	Wkst A Line Number	18.	Line Code
3	Part 3 - Hospital Wage Index Summary				
00100	Net Salaries	00200	Amount Reported	10,925,483.	Salaries
00100	Net Salaries	00400	Adjusted Salaries	10,925,483.	Salaries
00100	Net Salaries	00500	Paid Salary Hours	354,936.74	Hours
00100	Net Salaries	00600	Average Hourly Amount	30.78	Average
00200	Excluded Area Salaries	00300	Reclass. Salaries	166,448.	Salaries
00200	Excluded Area Salaries	00400	Adjusted Salaries	166,448.	Salaries
00200	Excluded Area Salaries	00500	Paid Salary Hours	2,743.38	Hours
00200	Excluded Area Salaries	00600	Average Hourly Amount	60.67	Average
00300	Sub Total Salaries (Line 01 Minus 02)	00200	Amount Reported	10,925,483.	Salaries

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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

Line	Description	Col	Column Desc	Line Value	Type
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
3	Part 3 - Hospital Wage Index Summary				
00300	Sub Total Salaries (Line 01 Minus 02)	00300	Reclass. Salaries	-166,448.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00400	Adjusted Salaries	10,759,035.	Salaries
00300	Sub Total Salaries (Line 01 Minus 02)	00500	Paid Salary Hours	352,193.36	Hours
00300	Sub Total Salaries (Line 01 Minus 02)	00600	Average Hourly Amount	30.55	Average
00400	Sub Total Other Wages and Related Costs	00200	Amount Reported	2,887,361.	Salaries
00400	Sub Total Other Wages and Related Costs	00400	Adjusted Salaries	2,887,361.	Salaries
00400	Sub Total Other Wages and Related Costs	00500	Paid Salary Hours	50,180.46	Hours
00400	Sub Total Other Wages and Related Costs	00600	Average Hourly Amount	57.54	Average
00500	Sub Total Wage Related Costs	00200	Amount Reported	1,376,693.	Salaries
00500	Sub Total Wage Related Costs	00400	Adjusted Salaries	1,376,693.	Salaries
00500	Sub Total Wage Related Costs	00600	Average Hourly Amount	12.80	Average
00600	Total (Sum of Lines 03 to 05)	00200	Amount Reported	15,189,537.	Salaries
00600	Total (Sum of Lines 03 to 05)	00300	Reclass. Salaries	-166,448.	Salaries
00600	Total (Sum of Lines 03 to 05)	00400	Adjusted Salaries	15,023,089.	Salaries
00600	Total (Sum of Lines 03 to 05)	00500	Paid Salary Hours	402,373.82	Hours
00600	Total (Sum of Lines 03 to 05)	00600	Average Hourly Amount	37.34	Average
00700	Total Overhead Cost (See Instructions)	00200	Amount Reported	4,503,864.	Salaries
00700	Total Overhead Cost (See Instructions)	00300	Reclass. Salaries	-166,448.	Salaries
00700	Total Overhead Cost (See Instructions)	00400	Adjusted Salaries	4,337,416.	Salaries
00700	Total Overhead Cost (See Instructions)	00500	Paid Salary Hours	131,564.36	Hours
00700	Total Overhead Cost (See Instructions)	00600	Average Hourly Amount	32.97	Average
4	Part 4 - Core List				
00100	Retirement - 401K Employer Contributions	00100	Amount	11,557.	
00802		00100	Amount	511,220.	
01000	Dental, Hearing and Vision Plan	00100	Amount	-1,454.	
01100	Life Insurance (If Employee Is Owner or Beneficiary)	00100	Amount	4,975.	
01300	Disability Insurance (If Employee Is Owner or Beneficiary)	00100	Amount	42,128.	
01500	Workers Compensation Insurance	00100	Amount	23,649.	
01700	FICA-Employers Portion Only	00100	Amount	757,349.	
02000	State or Federal Unemployment Taxes	00100	Amount	18,987.	
02300	Tuition Reimbursement	00100	Amount	8,282.	
02400	Total Wage Related Cost (Sum lines 01-23)	00100	Amount	1,376,693.	

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

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
5	Part 3 - Contract Labor and Benefit Cost				
00100	Total Facility Contract Labor and Benefit Cost	00100	Contract Labor	1,300,611.	
00100	Total Facility Contract Labor and Benefit Cost	00200	Benefit Cost	1,376,693.	
00200	Hospital	00100	Contract Labor	1,300,611.	
00200	Hospital	00200	Benefit Cost	1,376,693.	

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

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

S00	Wkst S Hospital and Hospital Healthcare Complex Cost Report Certification and Settlement Summary				
1	Part 1 - Cost Report Status				
00100	Electronically Filed Cost Report?	00100	Information	X	
00400	Medicare Utilization - F for 'Full' and L for 'Low'	00100	Information	F	
00500	Cost Report Status (1-Submitted 2-Settled 3-Audited 4-Reopened 5-Amended)	00100	Information	2	
00600	FI Received Date	00200	Information	03/02/2020	
00700	Fiscal Intermediary Number	00200	Information	05901	
00800	Initial Cost Report for this Provider CCN?	00200	Information	N	
00900	Final Cost Report for this Provider CCN?	00200	Information	N	
01000	NPR Date	00300	Information	07/28/2020	
01100	Contractor Vendor Code	00300	Information	4	
3	Part 3 - Settlement Summary				
00100	Hospital	00300	Medicare - Part B	-14,831.	
20000	Total Settlement Summary	00300	Medicare - Part B	-14,831.	
S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
00300	Hospital	00200	CCN Number	104008	
00300	Hospital	00300	CBSA Number	48424	
00300	Hospital	00400	Provider Type	4.	
00300	Hospital	00500	Date Certified	09/10/1970	
00300	Hospital	00600	Payment - Title 5	O	
00300	Hospital	00700	Payment - Medicare	P	
00300	Hospital	00800	Payment - Medicaid	O	
02000	Cost Reporting Period	00100	Rept Period - From	10/01/2018	Date

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
02000	Cost Reporting Period	00200	Rept Period - To	09/30/2019	Date
02100	Type of Control	00100	Provider Type	2	Code
02200	Does your facility qualify for and receive payment for disproportionate share hospital payment in accordance with 42 CFR 412	00100	Question	N	Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00100	Question	N	Answer
02201	Did this hospital receive interim uncompensated care payments for this cost reporting period? (see instructions)	00200	Question	N	Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00100	Question	N	Answer
02202	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (	00200	Question	N	Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00100	Question	N	Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00200	Question	N	Answer
02203	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating	00300	Question	N	Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00100	Question	2.	Answer
02300	Which method is used to determine Medicaid days on lines 24 and 25 below. See instructions for codes.	00200	Question	N	Answer
02600	Geographic Classification - Enter you standard geographic classification status at the beginning of the CR period.	00100	Geographic Location	1.	Urban/Rur a
02700	Geographic Classification - Enter you standard geographic classification status at the end of the CR period.	00100	Geographic Location	1.	Urban/Rur a

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

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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
04800	Is the facility electing full federal capital payment?	00300	Medicaid		N Answer
05600	Is this a teaching hospital involved in training residents in approved GME programs?	00100	Question		N Answer
05900	Are costs claimed cost on Worksheet A line 100? If yes, complete D-2 Part 1	00100	Question		N Answer
06000	Are you claiming nursing school and allied health costs for a program that meets the provider criteria under 413.85?	00100	Question		N Answer
06100	Did your facility receive additional FTE slots uner ACA section 5503?	00100	Question		N Answer
06300	Has your facility trained residents in non-provider settings during the cost reporting period?	00100	Question		N Answer
07000	Is this facility an Inpatient Psychiatric Facility (IPF), or do you contain an IPF subprovider?	00100	Question		Y Answer
07100	If line 70 is yes, does the facility have a teaching program in the most recent cost reporting period ending on or before Nov	00100	Question		N Answer
07500	Is this facility an Inpatient Rehabilitation Facility (IRF) or do you contain an IRF subprovider?	00100	Question		N Answer
08000	Is this a Long Term Care Hospital?	00100	Question		N Answer
08100	Line missing from Documentation.	00100	Question		N Answer
08500	Is this a new hospital under 42 CFR 413.40 TEFRA?	00100	Question		N Answer
08700	Is this hospital a 'Subclause (II)' LTCH classified under 1886(d)(B)(iv)(II)?	00100	Question		N Answer
09000	Does this facility have title 5 and/or title 19 inpatient hospital services?	00100	Title 5		N Answer
09000	Does this facility have title 5 and/or title 19 inpatient hospital services?	00200	Medicaid		N Answer
09100	Is this hospital reimbrused for title 5 and/or title 19 through the cost report either in full or part?	00100	Title 5		N Answer
09100	Is this hospital reimbrused for title 5 and/or title 19 through the cost report either in full or part?	00200	Medicaid		N Answer
09200	Are Title 19 NF patients occupying Title 18 SNF beds (dual certification)?	00200	Medicaid		N Answer

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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

S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data			
1	Part 1 - Complex Identification Data			
09300	Does this facility operate an ICF/MR facility for purposes of Title 5 or 19?	00100	Title 5	N Answer
09300	Does this facility operate an ICF/MR facility for purposes of Title 5 or 19?	00200	Medicaid	N Answer
09400	Does title 5 or title 19 program reduce capital cost?	00100	Title 5	N Answer
09400	Does title 5 or title 19 program reduce capital cost?	00200	Medicaid	N Answer
09600	Does title 5 or title 19 reduce operating cost?	00100	Title 5	N Answer
09600	Does title 5 or title 19 reduce operating cost?	00200	Medicaid	N Answer
09800	Y	00100	Component Name	
09800		00200	CCN Number	Y
09801	Y	00100	Component Name	
09801		00200	CCN Number	Y
09802	Y	00100	Component Name	
09802		00200	CCN Number	Y
09803	N	00100	Component Name	
09803		00200	CCN Number	N
09804	N	00100	Component Name	
09804		00200	CCN Number	N
09805	Y	00100	Component Name	
09805		00200	CCN Number	Y
09806	Y	00100	Component Name	
09806		00200	CCN Number	Y
10500	Does this hospital qualify as a Critical Access Hospital(CAH)?	00100	Question	N Answer
10800	Is this a rural hospital qualifying for an exception to the CRNA fee schedule?	00100	Question	N Answer
10900	If this hospital qualifies as a CAH or cost provider, are therapy services provided by an outside supplier?	00100	Physical	N Answer
11000	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reportin	00100	Question	N Answer
11100	N	00100	Component Name	
11200	N	00100	Component Name	

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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

S20					
Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data					
1					
Part 1 - Complex Identification Data					
11500	Is this an all inclusive rate provider?	00100	Question		N Answer
11600	Are you classified as a referral center?	00100	Question		N Answer
11700	Is this facility legally required to carry malpractice insurance?	00100	Malpractice Ins		Y Answer
11800	Is the malpractice insurance a claims-made or occurrence policy?	00100	Question		1. Answer
11801	List amounts of malpractice premiums and paid losses	00100	Premiums		1. Amount
11802	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General?	00100	Question		N Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00100	Question		N Answer
12000	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision of ACA 3121 and applicable ammendments?	00200	Rural Hospital		N Answer
12100	Did this facility incur and report cost for the high cost implantable devices charged to patients?	00100	Question		N Answer
12200	Does this cost report contain state health or similar taxes?	00100	Question		N Answer
12500	Does this facility operate a transplant center? Yes or No and enter certification date.	00100	Question		N Answer
14000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	00100	Question		N Answer
14400	Are provider based physicians cost included in Worksheet A?	00100	Question		Y Answer
14600	Has the cost allocation methodology changed from the previously filed cost report?	00100	Question		N Answer
14700	Was there a change in the statistical basis?	00100	Question		N Answer
14800	Was there a change in the order of allocation?	00100	Question		N Answer
14900	Was the change to the simplified cost finding method?	00100	Question		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00100	Medicare Part A		N Answer

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

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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
1	Part 1 - Complex Identification Data				
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00200	Medicare Part B		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00300	Title V		N Answer
15500	Hospital - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs o	00400	Medicaid		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15600	Sub - IPF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00100	Medicare Part A		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00200	Medicare Part B		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00300	Title V		N Answer
15700	Sub - IRF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs	00400	Medicaid		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer

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

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

S20 Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data					
1 Part 1 - Complex Identification Data					
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	CBSA Number		N Answer
15900	SNF - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Provider Type		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00100	Medicare Part A		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00200	Medicare Part B		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00300	Title V		N Answer
16000	HHA - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or cha	00400	Medicaid		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00200	Medicare Part B		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00300	Title V		N Answer
16100	CMHC - Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or ch	00400	Medicaid		N Answer
16500	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs?	00100	Question		N Answer
16700	Is this provider a meaningful user under 1886 (n)?	00100	Question		N Answer
2 Part 2 - Reimbursement Questionnaire					
00100	Has the provider changed ownership immediately prior to the beginning of the cost report period?	00100	Question		N
00200	Has the provider terminated participation in the Medicare Program?	00100	Question		Y
00200	Has the provider terminated participation in the Medicare Program?	00200	Termination Date	10/31/2019	

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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

S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data				
2	Part 2 - Reimbursement Questionnaire				
00200	Has the provider terminated participation in the Medicare Program?	00300	Voluntary/Involuntary		V
00300	Is the provider involved in business transactions with individuals or entities that are related to the provider?	00100	Question		N Answer
00400	Were the financial statements prepared by a Certified Public Accountant?	00100	Question		N Answer
00500	Are the cost report total expenses and total revenues different from those on filed financial statements?	00100	Question		N Answer
00600	Were cost claimed for nursing school?	00100	Question		N Answer
00700	Were cost claimed for allied health programs?	00100	Question		N Answer
00800	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	00100	Question		N Answer
00900	Are cost claimed for Intern-Resident programs claimed on the current cost report?	00100	Question		N Answer
01000	Was an Intern-Resident program initiated or renewed in the current cost reporting period?	00100	Question		N Answer
01100	Are GME cost directly assigned to cost centers other than I&R in an Approved Teaching Program on Worksheet A?	00100	Question		N Answer
01200	Is the provider seeking reimbursement for bad debts?	00100	Question		Y Answer
01300	If line 12 is yes, did the provider's bad debt collection policy change during the cost reporting period?	00100	Question		N Answer
01400	If line 12 is yes, are patient deductibles and/or co-payments waived?	00100	Question		N Answer
01500	Have total beds available changed from prior cost reporting period?	00100	Question		N Answer
01600	Was the cost report prepared using the PS&R only?	00100	Part A - Question		Y Answer
01600	Was the cost report prepared using the PS&R only?	00200	Part A - Date	02/06/2020	Answer
01600	Was the cost report prepared using the PS&R only?	00300	Part B - Question		Y Answer
01600	Was the cost report prepared using the PS&R only?	00400	Part B - Date	02/06/2020	Answer

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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

S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Identification Data				
2	Part 2 - Reimbursement Questionnaire				
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00100	Part A - Question		N Answer
01700	Was the cost report prepared using the PS&R for totals and provider's records for allocation?	00300	Part B - Question		N Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additioanl claims that have been billed but not included on t	00100	Information		N Answer
01800	If line 16 or 17 is yes, were adjustments made to PS&R data for additioanl claims that have been billed but not included on t	00300	Information		N Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00100	Information		N Answer
01900	If line 16 or 17 is yes, were adjustments made to PS&R data for corrections of other PS&R report information?	00300	Information		N Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00100	Information		N Answer
02000	If line 16 or 17 is yes, were adjustments made to PS&R data for Other?	00300	Information		N Answer
02100	Was the cost report prepared only using the provider's records?	00100	Information		N Answer
02100	Was the cost report prepared only using the provider's records?	00300	Information		N Answer
02200	Have assets been relifed for Medicare purposes?	00100	Question		N Answer
02300	Have changes occured in the Medicare depreciation expense due to appraisal made during the cost report period?	00100	Question		N Answer
02400	Were new leases and/or amendments to existing leases entered into during this cost report ing period?	00100	Question		N Answer
02500	Have there been new capitalized leases entered into during the cost reporting period?	00100	Question		N Answer
02600	Were assets subject to Section 2314 of DEFRA acquired during the cost reporting period?	00100	Question		N Answer
02700	Has the provider's capitalization policy changed during the cost reporting period?	00100	Question		N Answer

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

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

S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data				
2	Part 2 - Reimbursement Questionnaire				
02800	Were new loans, mortgage agreement or letters of credit entered into during the cost reporting period?	00100	Question		N Answer
02900	Did the provider have a funded depreciation account and/or bond funds treated as a funded depreciation account?	00100	Question		N Answer
03000	Has existing debt been replaced prior to its scheduled maturity with new debt?	00100	Question		N Answer
03100	Has debt been recalled before scheduled maturity without issuance of new debt?	00100	Question		N Answer
03200	Have changes or new agreement occurred in patient care services furnished through contractual arrangements with suppliers of s	00100	Question		N Answer
03300	If line 32 is yes, were the requirements of section 2135.2 applied pertaining to competitive bidding?	00100	Question		N Answer
03400	Are services furnished at the provider facility under an arrangement with provider-based physicians?	00100	Question		Y Answer
03500	If line 34 is yes, were the new agreement or amended existing agreements with provider-based physicians during in the current	00100	Information		N Answer
03600	Are home office cost claimed on the cost report?	00100	Question		N Answer
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00100	Wkst Line No	30.	Line Code
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00200	Number of Beds	44.	Beds
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00300	Days Available	16,060.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00600	Medicare Inpatient Days	1,844.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	00800	Total Inpatient Days	13,389.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01300	Medicare Discharges	143.	Discharges

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

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

S30					
Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data					
1					
Part 1 - Statistical Data					
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	01500	Total Discharges	1,673.	Discharges
00200	HMO and Other	00700	Medicaid Inpatient Days	2,521.	Days
00200	HMO and Other	01400	Medicaid Discharges	446.	Discharges
00700	Total Adults and Pediatrics (exclude observation beds)	00200	Number of Beds	44.	Beds
00700	Total Adults and Pediatrics (exclude observation beds)	00300	Days Available	16,060.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00600	Medicare Inpatient Days	1,844.	Days
00700	Total Adults and Pediatrics (exclude observation beds)	00800	Total Inpatient Days	13,389.	Days
00800	Intensive Care Unit	00100	Wkst Line No	31.	Line Code
00900	Coronary Care Unit	00100	Wkst Line No	32.	Line Code
01000	Burn Intensive Care Unit	00100	Wkst Line No	33.	Line Code
01100	Surgical Intensive Care Unit	00100	Wkst Line No	34.	Line Code
01200	Other Special Care	00100	Wkst Line No	35.	Line Code
01300	Nursery	00100	Wkst Line No	43.	Line Code
01400	Total (see instructions)	00200	Number of Beds	44.	Beds
01400	Total (see instructions)	00300	Days Available	16,060.	Days
01400	Total (see instructions)	00600	Medicare Inpatient Days	1,844.	Days
01400	Total (see instructions)	00800	Total Inpatient Days	13,389.	Days
01400	Total (see instructions)	01000	Employees on Payroll	272.32	FTEs
01400	Total (see instructions)	01300	Medicare Discharges	143.	Discharges
01400	Total (see instructions)	01500	Total Discharges	1,673.	Discharges
01600	Subprovider - IPF	00100	Wkst Line No	40.	Line Code
01700	Subprovider - IRF	00100	Wkst Line No	41.	Line Code
01800	Subprovider - Other	00100	Wkst Line No	42.	Line Code
01900	Skilled Nursing Facility	00100	Wkst Line No	44.	Line Code
02000	Nursing Facility	00100	Wkst Line No	45.	Line Code
02100	Other Long Term Care	00100	Wkst Line No	46.	Line Code
02200	Home Health Agency	00100	Wkst Line No	101.	Line Code
02300	Ambulatory Surgical Center - ASC (Distinct Part)	00100	Wkst Line No	115.	Line Code
02400	Hospice (Distinct Part)	00100	Wkst Line No	116.	Line Code

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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

S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
02410	Hospice (Non-Distinct Part)	00100	Wkst Line No	30.	Line Code
02500	Community Mental Health Clinic	00100	Wkst Line No	99.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	88.	Line Code
02600	Rural Health Clinic / Federally Qualified Health Clinic	00100	Wkst Line No	89.	Line Code
02700	Total (Sum Lines 14 to 26)	00200	Number of Beds	44.	Beds
02700	Total (Sum Lines 14 to 26)	01000	Employees on Payroll	272.32	FTEs