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Diagnosis Related Group (DRG) Transitional Payments

State Fiscal Year 2013-14
Legislatively Mandated Report

March 1, 2014

Process for DRG Transitional Payment Reconciliation

Introduction:

As defined in the state fiscal year (SFY) 2013/2014 General Appropriations Act (GAA) specific appropriation for Medicaid hospital inpatient fee-for-service, approximately \$65 million in funds, of which \$32 million is non-recurring, were allocated by the Florida Legislature and signed into law by the Governor for the first year of Diagnosis Related Group (DRG) reimbursement. These funds are intended to aid hospitals that experience a decrease in Medicaid inpatient reimbursement from the shift in payment methodology from per diem to DRG. An initial estimate of hospitals eligible to receive DRG transitional payments in SFY 2013/2014 was defined in the 2013/2014 specific appropriation for Medicaid inpatient GAA. This estimate was based on simulated values of DRG payments and specific criteria for the type of hospital and level of impact that warranted a transitional payment. The GAA also included a requirement to reconcile and adjust those estimated DRG transitional funds based on actual claim data and payments for inpatient services provided in SFY 2013/2014.

The Florida Agency for Health Care Administration (AHCA) is required to produce a preliminary report on the DRG Transitional Payment Reconciliation by March 1, 2014. A final report, including final transitional payment amounts, is due by June 30, 2014.¹

The SFY 2013/2014 Medicaid inpatient DRG Transitional Payment Reconciliation will be performed by comparing actual DRG payments for admissions in SFY 2013/2014 to estimated payments on those same claims, had they been paid under the per diem methodology. That comparison will yield an updated set of hospitals eligible for transitional payments and a new estimate of transitional funds due each hospital based on applying the legislative criteria to the new results. This document describes how those calculations will be performed and how disbursements and recoupments of the final DRG transitional funds will be made. Preliminary results using payments through February 12, 2014 are also provided as Exhibit A. This document is sub-divided into the following sections:

- Calculation of DRG and Per Diem Payments on Claims Received to Date
- Projection of DRG and Per Diem Payments to a Full Year
- Distribution of Transitional Funds

Calculation of DRG and Per Diem Payments on Claims Received to Date:

Comparison of DRG payments to per diem payments will be made using inpatient reimbursement from funds from general revenue (GR) and the Provider Medical Assistance Trust Fund (PMATF) along with the associated federal share known as the Medical Care Trust Fund (MCTF). Per-claim IGT payments are excluded from the DRG Transitional Payment

¹ The Agency is separately analyzing the need for Intergovernmental Transfer (IGT)-related adjustments, and if such adjustments are warranted they will be made in July 2014 and applied retroactively to July 1, 2013.

Reconciliation as differences in IGT payments between SFY 2012/2013 and SFY 2013/2014 are not related to the change in methodology from per diem to DRG. In addition, a separate reconciliation of self-funded IGTs will be performed.

Actual DRG payments from GR/PMATF are calculated as the sum of DRG base payments and DRG outlier payments on individual inpatient claims.

In order to estimate per diem payment on claims for dates of service in SFY 2013/2014, the number of billed days has to be adjusted for two reasons – billing rule changes and covered-day review changes.

The first adjustment to billed days on claims in SFY 2013/2014 is applied because of changes in billing rules for concurrent newborns (days in which mother and newborn are in the hospital at the same time). In SFY 2013/2014, all services for births of newborns are billed separately from services provided to mothers for delivery of the baby. In contrast, in SFY 2012/2013 days for which the mother and newborn were in the hospital at the same time were billed on the same claim. With this SFY 2012/2013 billing practice, the concurrent days were counted once even though two Medicaid recipients were involved. In the previous methodology, per diem payments were developed and paid under the assumption that concurrent mother/newborn days were billed on the same claim. Thus, in order to appropriately estimate the per diem payments that would have been made on claims billed in SFY 2013/2014, the number of Medicaid inpatient days billed in 2013/2014 has to be reduced based on an estimate of how many of those days are concurrent newborn days. That estimate is calculated separately by hospital based on experience from analyzing SFY 2010/2011 claim data.²

The second adjustment to billed days on claims in SFY 2013/2014 is for Medicaid covered days. Under the per diem payment method used in SFY 2012/2013, careful controls were applied to identify Medicaid payable days, known as “covered days.” These controls existed primarily in the prior authorization process. In contrast, under the DRG payment methodology, length of stay has relatively little impact on reimbursement, so careful monitoring of Medicaid payable days is not required and the total number of Medicaid payable days is no longer captured in the claims processing system for most inpatient claims. Thus, to produce an appropriate estimate of per diem payments, the Agency converted the billed days on the SFY 2013/2014 claims to an estimated number of Medicaid covered days, using a facility-specific relationship between those two values on the SFY 2012/2013 inpatient claims.

After adjusting days billed in SFY 2013/2014 for concurrent newborns and covered days, the resulting number of days is multiplied by the GR/PMATF portion of the 2012/2013 per diem, increased by 2%, to estimate the total per diem payment that would have been paid on the SFY 2013/2014 claims received to date. The GR/PMATF portion of the SFY 2012/2013 per diem is calculated by dividing total annual IGT payments by budgeted days to get an IGT per diem and subtracting that from full per diem. The 2% increase is based on the budgeted unit cost increase

² The SFY 2010/2011 data is used in this preliminary analysis because it is the only dataset for which concurrent newborn analysis has been performed to date. The final DRG transitional payment reconciliation will make this adjustment based on SFY 2012/2013 claims data.

for inpatient services for SFY 2013/2014, and was the same per diem proxy used in the original estimates of transitional payments.

Projection of DRG and Per Diem Payments to a Full Year:

Once DRG payment and per diem payment have been determined for claims paid to-date in SFY 2013/2014, another set of steps is executed to project the payments to twelve months of volume. For DRG payments, the projection must also adjust for casemix (measurement of average patient acuity), which is lower when reviewing partial year claim data than it will be when all claims for a year have been billed. When reviewing partial year claims, a lower percentage of the long and complex hospital stays, those with high acuity (high casemix), have been received because hospitals must wait until the patient is discharged before submitting a claim to Medicaid. With a lower percentage of the complex stays billed and processed, the partial year casemix is lower than full year casemix.

Both projections, volume and casemix, are performed on a facility-specific basis so that the results are as accurate as possible.

The casemix adjustment applied to DRG payments is calculated by comparing the casemix measured to date versus the predicted casemix. For nearly all hospitals, predicted casemix is higher than casemix measured on claims billed to date. For these hospitals a multiplier equal to (predicted casemix divided by casemix to date) is applied to total payments in order to make an accurate estimate of payment. For the few hospitals in which measured casemix to date is greater than predicted casemix, the casemix multiplier is set to 1, resulting in no casemix adjustment.

The volume adjustment applied to DRG payments is calculated by comparing the number of admissions billed to date versus an adjusted number of admissions from SFY 2012/2013. As mentioned previously, the policy related to billing for births and deliveries changed between SFY 2012/2013 and SFY 2013/2014. With the removal of the concurrent newborn billing practice, there are more admissions expected in SFY 2013/2014 than in SFY 2012/2013 – each mother and newborn are treated as a separate admission. As a result, the number of admissions in SFY 2012/2013 is adjusted upward to estimate a full year of volume under SFY 2013/2014 billing rules. No adjustment was made to reflect the implementation of the Statewide Medicaid Managed Care Managed Medical Assistance program, which begins in some parts of the state in May 2014.

No attempt is made to adjust DRG payments based on the percentage of payments made for outliers. Outlier payments, like DRG base payments, are funded from general revenue and PMATF, so they affect the DRG transitional payment reconciliation. For most hospitals, the percentage of payment from outliers is relatively low, so no attempt was made to further adjust predicted full-year DRG payments based on a comparison of the percentage of outlier payments to date versus predicted percentage of outlier payments.

While Graduate Medical Education (GME) was embedded in the former per diem reimbursement rates for teaching hospitals, in SFY 2012/2013, GME has since been pulled out of the DRG rate

methodology and treated as a separate payment process. GME payments are not included in the transitional funds calculation because they were not included in the analysis that established the transitional fund amounts included in the GAA.

The volume adjustment applied to per diem payments is calculated by comparing the adjusted days billed to date to the days billed in SFY 2012/2013.

Distribution of Transitional Funds:

As defined in the Medicaid hospital inpatient GAA, any rural hospital showing lower reimbursement under the DRG methodology than under the per diem methodology will receive transitional funds to cover all of the difference. In this reconciliation, these are referred to as “Tier 1” hospitals. In addition, any non-rural hospital showing at least \$300,000 lower reimbursement with the DRG payment methodology versus the per diem methodology will receive supplemental payments to cover some, but not all, of the difference. Non-rural hospitals will be separated into two categories, one for hospitals with inpatient reimbursement decreasing by ten percent or more (defined as “Tier 2” hospitals), and another category for hospitals with inpatient reimbursement decreasing by less than ten percent (defined as “Tier 3” hospitals). The percentage of losses covered through transitional payments will be approximately twenty percentage points higher for Tier 2 hospitals than Tier 3 hospitals. The percentage of loss covered through transitional payments for Tiers 2 and 3 hospitals will be calculated to distribute all transitional funds remaining after determining transitional payments to the Tier 1 rural hospitals.

The criteria for selecting hospitals to receive DRG transitional payments are the same in the analysis documented in the 2013/2014 GAA and in the analysis included in this report. However, the claim data used as the basis for the analyses and payment calculations have been updated for this report. The differences are highlighted in the following table.

	Analysis Documented in 2013/2014 GAA	Analysis Documented in 3/1/2014 DRG Transitional Payment Reconciliation Report
Claim data	Claims with admissions in SFY 2010/2011; excluding claims for services excluded from DRG methodology.	Claims with admissions in SFY 2013/2014; excluding claims for services excluded from DRG methodology.
Adjustments to volume and casemix for DRG payments	None; historical claims were used including a full twelve months of claim volume and including full casemix.	Volume adjustment based on comparison of admissions in partial year SFY 2013/2014 versus full year SFY 2012/2013. Casemix adjustment based on predicted casemix from DRG simulations run for SFY 2013/2014 DRG rate setting.
Adjustments to volume for per diem payments	None; historical claims were used including a full twelve months of claim volume.	Volume adjustment based on comparison of adjusted billed days in partial year SFY 2013/2014 versus paid days in full year SFY 2012/2013. Adjustment to billed days in 13/14 is required to estimate the appropriate level of Medicaid covered days and concurrent baby days.
Per diems used	Full SFY 12/13 per diems increased by two percent (2%)	General revenue/PMATF portion of SFY 12/13 per diems increased by two percent (2%)
Inclusion of GME	Included in the per diem payments only.	Included in the per diem payments only.

Exhibit B shows, by hospital, the original transitional payments based on the GAA compared to the transitional payments resulting from this preliminary reconciliation.

No positive or negative adjustments to individual hospital transitional payments will be applied due to the results of this preliminary reconciliation. By June 30, 2014, with the final reconciliation, hospital transitional payments will be compared on an individual hospital basis. The Agency will recoup excess transitional funds from hospitals for which the GAA estimate of transition funds is higher than the final reconciliation value. In cases where the GAA transition estimates were lower than the final reconciliation values, or a hospital was not included on the GAA list as transition-eligible, the Agency will disburse the difference between final and GAA transitional funds.

Exhibit A
DRG Transitional Payments SFY 2013/2014
Prediction Based on Claims Paid Through 2/12/2014

Available Transitional Funds: \$ 65,012,397
 Tier 1: 100.0000%
 Tier 2: 29.355%
 Tier 3: 9.367878%

Tier 1: Rurals
 Tier 2: Non-rural with loss greater than or equal to 10%
 Tier 3: Non-rural with loss less than 10%

Selection Criteria:
 - Rural hospitals projected to lose more than \$0
 - Non-rural hospitals projected to lose more than \$300,000

Counter	Provider ID	Provider Name	Projected to 12 Month Volume				Rural Hospital?	Tier	New Projected Transitional Payment Amount	New Projected Loss Amount
			DRG GR/PMATF Payment Estimated to Full Year 2013/2014	12/13 Per Diem Increased 2%	Difference DRG vs 12/13 Per Diem Dollars	Difference DRG vs 12/13 Per Diem Percent				
A	B	C	D	E	F = D - E	G = F / E	H	I	J	K
1	002012700	Sacred Heart Hosp. - Gulf	\$ 314,017	\$ 553,115	\$ (241,098)	-43%	Y	1	\$ 241,098	\$ -
2	010121400	Mariners Hospital	\$ 187,491	\$ 317,820	\$ (130,329)	-41%	Y	1	\$ 130,329	\$ -
3	010120600	Fishermen's Hospital	\$ 154,249	\$ 222,309	\$ (68,060)	-31%	Y	1	\$ 68,060	\$ -
4	010123100	Baptist Medical Center - Nassau	\$ 2,386,381	\$ 3,363,387	\$ (977,006)	-29%	Y	1	\$ 977,006	\$ -
5	010106100	Jackson Hospital	\$ 3,442,108	\$ 4,292,799	\$ (850,692)	-20%	Y	1	\$ 850,692	\$ -
6	010192300	Desoto Memorial Hospital	\$ 2,633,220	\$ 3,031,133	\$ (397,914)	-13%	Y	1	\$ 397,914	\$ -
7	010323300	Sacred Heart Hosp - Emerald Coast	\$ 3,878,292	\$ 4,209,332	\$ (331,040)	-8%	Y	1	\$ 331,040	\$ -
8	010026900	Calhoun Liberty Hospital	\$ 177,671	\$ 186,267	\$ (8,595)	-5%	Y	1	\$ 8,595	\$ -
9	010080300	George E. Weems Memorial Hosp	\$ 130,152	\$ 134,295	\$ (4,143)	-3%	Y	1	\$ 4,143	\$ -
10	010033100	Shands At Lake Shore	\$ 7,973,636	\$ 8,032,891	\$ (59,254)	-1%	Y	1	\$ 59,254	\$ -
11	002576600	Shriners Hospital for Children	\$ 415,077	\$ 1,909,961	\$ (1,494,885)	-78%	N	2	\$ 438,823	\$ (1,056,061)
12	003158800	Viera Hospital	\$ 547,058	\$ 934,105	\$ (387,047)	-41%	N	2	\$ 113,618	\$ (273,430)
13	010047100	University of Miami Hospital	\$ 2,429,917	\$ 4,067,308	\$ (1,637,391)	-40%	N	2	\$ 480,656	\$ (1,156,735)
14	010552000	Columbia New Port Richey Hospital	\$ 4,427,134	\$ 6,944,032	\$ (2,516,898)	-36%	N	2	\$ 738,835	\$ (1,778,062)
15	010003000	Shands Teaching Hospital	\$ 62,226,184	\$ 92,611,402	\$ (30,385,218)	-33%	N	2	\$ 8,919,581	\$ (21,465,637)
16	010345400	Memorial Hospital Miramar	\$ 4,441,257	\$ 6,504,857	\$ (2,063,599)	-32%	N	2	\$ 605,770	\$ (1,457,830)
17	010042100	Jackson Memorial Hospital	\$ 104,703,786	\$ 147,653,548	\$ (42,949,761)	-29%	N	2	\$ 12,607,902	\$ (30,341,859)
18	010036600	Cedars Medical Center, Inc.	\$ 12,617,744	\$ 17,718,460	\$ (5,100,717)	-29%	N	2	\$ 1,497,315	\$ (3,603,401)
19	010151600	All Children's Hospital	\$ 61,334,910	\$ 85,264,762	\$ (23,929,852)	-28%	N	2	\$ 7,024,608	\$ (16,905,244)
20	010110900	Lee Memorial Hospital	\$ 26,692,632	\$ 35,715,119	\$ (9,022,487)	-25%	N	2	\$ 2,648,551	\$ (6,373,936)
21	010148600	St. Mary's Hospital	\$ 25,748,844	\$ 34,319,583	\$ (8,570,739)	-25%	N	2	\$ 2,515,940	\$ (6,054,799)
22	010169900	Winter Haven Hospital	\$ 5,534,921	\$ 7,184,397	\$ (1,649,476)	-23%	N	2	\$ 484,204	\$ (1,165,272)
23	012022700	St Anthony's Hospital	\$ 4,982,553	\$ 6,362,252	\$ (1,379,699)	-22%	N	2	\$ 405,011	\$ (974,688)
24	012029400	Jupiter Hospital	\$ 1,468,863	\$ 1,854,352	\$ (385,489)	-21%	N	2	\$ 113,160	\$ (272,329)
25	010140100	Bethesda Mem. Hosp.	\$ 12,639,975	\$ 15,739,007	\$ (3,099,032)	-20%	N	2	\$ 909,721	\$ (2,189,311)
26	010067600	Shands Jacksonville Med Cntr	\$ 37,129,543	\$ 46,209,408	\$ (9,079,865)	-20%	N	2	\$ 2,665,394	\$ (6,414,471)

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A	B	C	D	E	F = D - E	G = F / E	I	J	K	
27	010046300	Mt. Sinai Medical Center	\$ 9,423,930	\$ 11,546,196	\$ (2,122,266)	-18%	2	\$ 622,991	\$ (1,499,275)	
28	010226100	Homestead Hospital	\$ 8,087,426	\$ 9,780,604	\$ (1,693,178)	-17%	2	\$ 497,032	\$ (1,196,145)	
29	010184200	Halifax Medical Center	\$ 11,171,730	\$ 13,445,251	\$ (2,273,521)	-17%	2	\$ 667,392	\$ (1,606,129)	
30	010097800	St. Joseph's Hospital	\$ 35,365,052	\$ 42,494,945	\$ (7,129,893)	-17%	2	\$ 2,092,980	\$ (5,036,913)	
31	011971700	Cape Coral Hospital	\$ 4,580,081	\$ 5,490,132	\$ (910,051)	-17%	2	\$ 267,145	\$ (642,905)	
32	010020000	Memorial Hospital	\$ 37,577,175	\$ 44,862,873	\$ (7,285,698)	-16%	2	\$ 2,138,717	\$ (5,146,981)	
33	010099400	Tampa General Hospital	\$ 48,430,898	\$ 57,300,565	\$ (8,869,668)	-15%	2	\$ 2,603,691	\$ (6,265,977)	
34	010133800	Orlando Regional Medical Center	\$ 69,751,936	\$ 82,452,589	\$ (12,700,653)	-15%	2	\$ 3,728,277	\$ (8,972,377)	
35	010252100	Memorial Hospital - West	\$ 10,468,643	\$ 12,258,169	\$ (1,789,526)	-15%	2	\$ 525,315	\$ (1,264,210)	
36	010129000	Florida Hospital	\$ 76,435,176	\$ 88,927,897	\$ (12,492,720)	-14%	2	\$ 3,667,238	\$ (8,825,482)	
37	012000600	Columbia Plantation General Hosp	\$ 18,931,212	\$ 21,877,351	\$ (2,946,139)	-13%	2	\$ 864,839	\$ (2,081,300)	
38	010171100	Flegler Hospital	\$ 3,812,528	\$ 4,367,469	\$ (554,940)	-13%	2	\$ 162,903	\$ (392,037)	
39	012040500	Coral Springs Medical Center	\$ 8,185,544	\$ 9,165,343	\$ (979,799)	-11%	2	\$ 287,620	\$ (692,179)	
40	010012900	Broward General Hospital	\$ 38,941,337	\$ 43,207,529	\$ (4,266,192)	-10%	2	\$ 1,252,341	\$ (3,013,851)	
41	010021800	North Broward Medical Center	\$ 6,221,348	\$ 6,830,133	\$ (608,785)	-9%	3	\$ 57,030	\$ (551,755)	
42	012032400	H L Moffitt Cancer Center	\$ 9,146,162	\$ 10,031,074	\$ (884,912)	-9%	3	\$ 82,897	\$ (802,014)	
43	010158300	Morton F. Plant Hospital	\$ 7,897,938	\$ 8,615,409	\$ (717,471)	-8%	3	\$ 67,212	\$ (650,259)	
44	010031500	Naples Community Hospital	\$ 9,514,895	\$ 10,184,735	\$ (669,840)	-7%	3	\$ 62,750	\$ (607,090)	
45	010186900	Ormond Beach Memorial Hospital	\$ 4,977,721	\$ 5,296,220	\$ (318,499)	-6%	3	\$ 29,837	\$ (288,662)	
46	012024300	West Boca Medical Center.	\$ 6,142,138	\$ 6,509,659	\$ (367,521)	-6%	3	\$ 34,429	\$ (333,092)	
47	010138900	Columbia Medical Center-Osceola	\$ 7,842,631	\$ 8,197,464	\$ (354,832)	-4%	3	\$ 33,240	\$ (321,592)	
48	012026000	Columbia Palms West Hospital	\$ 7,017,669	\$ 7,330,445	\$ (312,776)	-4%	3	\$ 29,300	\$ (283,475)	
Totals			\$ 828,540,783	\$ 1,045,509,949	\$ (216,969,165)			\$ 65,012,397	\$ (151,956,768)	
								\$ 0.01		
									Difference from Transition Budget:	

Exhibit B
DRG Transitional Payments

Counter	Provider Medicaid ID	Provider Name	Based on GAA		Preliminary Reconciliation	
			Transitional Payment	Tier	Transitional Payment	Tier
1	002012700	Sacred Heart Hosp. - Gulf	\$ 324,813	1	\$ 241,098	1
2	002576600	Shriners Hospital for Children	\$ -	n/a	\$ 438,823	2
3	003158800	Viera Hospital	\$ -	n/a	\$ 113,618	2
4	010003000	Shands Teaching Hospital	\$ 11,994,425	2	\$ 8,919,581	2
5	010008100	Holmes Regional Medical Center	\$ 110,871	3	\$ -	n/a
6	010010200	Parrish Medical Center	\$ 114,101	3	\$ -	n/a
7	010011100	Wuesthoff Memorial Hospital	\$ 302,218	2	\$ -	n/a
8	010012900	Broward General Hospital	\$ 866,486	3	\$ 1,252,341	2
9	010020000	Memorial Hospital	\$ 758,380	3	\$ 2,138,717	2
10	010021800	North Broward Medical Center	\$ -	n/a	\$ 57,030	3
11	010026900	Calhoun Liberty Hospital	\$ 53,549	1	\$ 8,595	1
12	010031500	Naples Community Hospital	\$ 1,272,156	2	\$ 62,750	2
13	010033100	Shands At Lake Shore	\$ 768	1	\$ 59,254	1
14	010036600	Cedars Medical Center, Inc.	\$ 3,525,846	2	\$ 1,497,315	2
15	010042100	Jackson Memorial Hospital	\$ 23,316,724	2	\$ 12,607,902	2
16	010046300	Mt. Sinai Medical Center	\$ 432,787	3	\$ 622,991	2
17	010047100	University of Miami Hospital	\$ 335,688	2	\$ 480,656	2
18	010067600	Shands Jacksonville Med Cntr	\$ 2,456,621	3	\$ 2,665,394	2
19	010080300	George E. Weems Memorial Hosp	\$ 22,907	1	\$ 4,143	1
20	010097800	St. Joseph's Hospital	\$ -	n/a	\$ 2,092,980	2
21	010099400	Tampa General Hospital	\$ 2,184,177	3	\$ 2,603,691	2
22	010106100	Jackson Hospital	\$ 682,766	1	\$ 850,692	1
23	010110900	Lee Memorial Hospital	\$ 607,881	3	\$ 2,648,551	2
24	010115000	Madison County Memorial Hospital	\$ 5,092	1	\$ -	n/a
25	010120600	Fishermen's Hospital	\$ 48,210	1	\$ 68,060	1
26	010121400	Mariners Hospital	\$ 413,358	1	\$ 130,329	1
27	010123100	Baptist Medical Center - Nassau	\$ 546,664	1	\$ 977,006	1
28	010129000	Florida Hospital	\$ 694,330	3	\$ 3,667,238	2
29	010133800	Orlando Regional Medical Center	\$ 1,222,483	3	\$ 3,728,277	2
30	010138900	Columbia Medical Center-Osceola	\$ -	n/a	\$ 33,240	3
31	010140100	Bethesda Mem. Hosp.	\$ 1,843,004	2	\$ 909,721	2
32	010148600	St. Mary's Hospital	\$ 3,444,156	2	\$ 2,515,940	2
33	010151600	All Children's Hospital	\$ -	n/a	\$ 7,024,608	2
34	010158300	Morton F. Plant Hospital	\$ -	n/a	\$ 67,212	3
35	010164800	Lakeland Regional Medical Center	\$ 437,183	3	\$ -	n/a
36	010169900	Winter Haven Hospital	\$ 863,159	2	\$ 484,204	2
37	010171100	Flagler Hospital	\$ -	n/a	\$ 162,903	2
38	010184200	Halifax Medical Center	\$ -	n/a	\$ 667,392	2
39	010186900	Ormond Beach Memorial Hospital	\$ -	n/a	\$ 29,837	3
40	010192300	Desoto Memorial Hospital	\$ 158,237	1	\$ 397,914	1
41	010194000	Campbellton-Graceville Hospital	\$ 29,319	1	\$ -	n/a
42	010222900	Pembroke Pines Hospital	\$ 370,996	2	\$ -	n/a
43	010226100	Homestead Hospital	\$ 428,970	3	\$ 497,032	2
44	010252100	Memorial Hospital - West	\$ -	n/a	\$ 525,315	2
45	010260100	Florida Hospital Wauchula	\$ 98,204	1	\$ -	n/a
46	010314400	Cleveland Clinic FL Hospital - Naples	\$ 352,301	2	\$ -	n/a
47	010323300	Sacred Heart Hosp - Emerald Coast	\$ 288,396	1	\$ 331,040	1
48	010345400	Memorial Hospital Miramar	\$ -	n/a	\$ 605,770	2
49	010552000	Columbia New Port Richey Hospital	\$ 979,209	2	\$ 738,835	2
50	011134100	Southwest Florida Regional Medical	\$ 221,398	3	\$ -	n/a
51	011971700	Cape Coral Hospital	\$ 217,029	3	\$ 267,145	2
52	012000600	Columbia Plantation General Hosp	\$ 1,084,776	2	\$ 864,839	2

Exhibit B
DRG Transitional Payments

Counter	Provider Medicaid ID	Provider Name	Based on GAA		Preliminary Reconciliation	
			Transitional Payment	Tier	Transitional Payment	Tier
53	012022700	St Anthonys Hospital	\$ -	n/a	\$ 405,011	3
54	012024300	West Boca Medical Center	\$ -	n/a	\$ 34,429	3
55	012026000	Columbia Palms West Hospital	\$ 359,524	3	\$ 29,300	3
56	012029400	Jupiter Hospital	\$ 196,777	2	\$ 113,160	3
57	012032400	H L Moffitt Cancer Center	\$ 950,777	2	\$ 82,897	3
58	012040500	Coral Springs Medical Center	\$ 395,680	3	\$ 287,620	2
Total			\$ 65,012,397		\$ 65,012,397	