



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

<b>025766 - 2015/07</b>
<b>Outpatient Rate: 176.81</b>
<b>County Billing ONLY</b>

Type of Control: Nonprofit (Other)

Fiscal Year: 1/1/2013 - 12/31/2013

Hospital Classification: Specialized:Children's

**Shriners Hospital for Children-Tampa**

Type of Action: Unaudited Cost Report

County: Hillsborough (29)

District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,683,616.00	5,820,989.00	956,178.00	1,030,289.00	Total Bed Days	21,900
2. Routine	4,709,231.00		1,129,255.00		Total Inpatient Days	588
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	141
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	2,622
9. Total Cost	9,392,847.00	5,820,989.00	2,085,433.00	1,030,289.00	Property Rate Allowance	0.80
10. Charges	14,867,112.00	14,765,882.00	3,098,879.00	2,609,780.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	1,500,224.00		0.00		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	15,054.81	440.71	County Ceiling Base	32,767.00	184.70	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	12,038.64	345.64	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,546.31	190.95	FPLI	0.9349

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,030,289.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		1,030,289.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,080,327.32
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		2,622
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		412.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		412.02
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9349) for Hillsborough (29)		190.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		191.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		190.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		190.95
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	190.95	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		2,609,780.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		995.34
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		1,043.68
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		190.95
AU	Medicaid Trend Adjustment (IP%: 11.7458 %, OP%: 7.4057 %)		(14.14)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>176.81</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**100030 - 2015/07**

**Outpatient Rate: 129.45**

**County Billing ONLY**

Type of Control: Nonprofit (Other)

**UF Health Shands Hospital**

County: Alachua (1)

Fiscal Year: 7/1/2013 - 6/30/2014

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: Specialized: Statutory Teaching

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	422,776,070.00	248,569,899.00	68,862,477.00	32,097,378.00	Total Bed Days	325,965
2. Routine	214,379,278.00		57,148,669.00		Total Inpatient Days	267,817
3. Special Care	101,710,424.00		0.00		Total Newborn Days	11,019
4. Newborn Routine	12,591,887.00		0.00		Medicaid Inpatient Days	55,692
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	3,025
6. Home Health					Medicare Inpatient Days	87,868
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	152,947
9. Total Cost	751,457,659.00	248,569,899.00	126,011,146.00	32,097,378.00	Property Rate Allowance	0.80
10. Charges	2,292,489,710.00	1,124,768,380.00	358,418,401.00	116,898,841.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	85,388,482.00		13,350,028.60		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,257.72	246.94	County Ceiling Base	32,767.00	169.62	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,541.70	245.94	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,458.32	180.08	FPLI	0.8817

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	32,097,378.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		32,097,378.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		33,300,451.27
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		152,947
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		217.73
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		254.61
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		217.73
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8817) for Alachua (1)		180.08
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		175.60
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		175.60
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		175.60
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		175.60
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		116,898,841.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		764.31
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		792.96
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		175.60
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(46.14)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>129.45</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**100064 - 2015/07**

**Outpatient Rate: 92.90**

**County Billing ONLY**

**Bay Medical Center Sacred Heart Health System**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2013 - 12/31/2013  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Bay (3)  
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	64,103,785.00	73,353,478.00	10,118,910.00	5,328,229.00	Total Bed Days	117,895
2. Routine	38,626,723.00		3,843,281.00		Total Inpatient Days	68,955
3. Special Care	23,470,497.00		2,003,743.00		Total Newborn Days	771
4. Newborn Routine	218,707.00		138,431.00		Medicaid Inpatient Days	7,506
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	8
6. Home Health					Medicare Inpatient Days	35,816
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(1,700,784.04)	(986,858.96)	(216,659.62)	(71,683.18)	Medicaid Paid Claims	42,709
9. Total Cost	124,718,927.96	72,366,619.04	15,887,705.38	5,256,545.82	Property Rate Allowance	0.80
10. Charges	512,994,026.00	479,983,701.00	60,945,983.00	36,392,285.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	16,449,693.00		1,954,297.05		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,170.32		144.05	958.47	172.14	Semester DRI Index
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	832.66	122.91	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,481.80	182.98	FPLI	0.8959

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,256,545.82
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,256,545.82
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		5,511,841.88
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		42,709
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		129.06
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		127.24
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		127.24
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8959) for Bay (3)		182.98
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		178.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		178.21
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		127.24
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		127.24
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		36,392,285.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		852.10
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		893.48
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		127.24
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(34.34)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>92.90</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**100081 - 2015/07**

**Outpatient Rate: 77.83**

**County Billing ONLY**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 10/1/2013 - 9/30/2014  
 Hospital Classification: Special

**Holmes Regional Medical Center**

Type of Action: Unaudited Cost Report

County: Brevard (5)  
 District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	160,004,871.00	96,209,107.00	12,427,901.00	4,094,097.00	Total Bed Days	187,610
2. Routine	103,012,970.00		11,489,145.00		Total Inpatient Days	129,471
3. Special Care	23,259,227.00		1,381,921.00		Total Newborn Days	8,895
4. Newborn Routine	5,229,529.00		2,097,111.00		Medicaid Inpatient Days	15,028
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	130
6. Home Health					Medicare Inpatient Days	51,922
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(4,120,654.41)	(1,359,984.59)	(387,263.17)	(57,872.99)	Medicaid Paid Claims	39,456
9. Total Cost	287,385,942.59	94,849,122.41	27,008,814.83	4,036,224.01	Property Rate Allowance	0.80
10. Charges	1,256,959,413.00	603,665,168.00	100,574,551.00	29,979,106.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	36,112,391.00		2,889,502.61		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,761.97		113.28	County Ceiling Base	998.59	184.13
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,023.03	108.45	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,541.51	190.35	FPLI	0.9320

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,036,224.01
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,036,224.01
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		4,165,491.22
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		39,456
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		105.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		112.27
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		105.57
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9320) for Brevard (5)		190.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		190.35
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		105.57
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		105.57
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		29,979,106.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		759.81
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		784.15
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		105.57
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(27.74)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>77.83</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**100129 - 2015/07**

**Outpatient Rate: 105.70**

**County Billing ONLY**

Type of Control: Government  
 Fiscal Year: 7/1/2013 - 6/30/2014  
 Hospital Classification: CHEP

**Broward Health Medical Center**

Type of Action: Unaudited Cost Report

County: Broward (6)  
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	146,245,663.00	132,524,542.00	40,850,988.00	18,075,844.00	Total Bed Days	239,440
2. Routine	94,686,153.00		24,943,893.00		Total Inpatient Days	147,157
3. Special Care	57,927,980.00		25,699,710.00		Total Newborn Days	6,191
4. Newborn Routine	2,928,626.00		1,975,930.00		Medicaid Inpatient Days	49,164
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	174
6. Home Health					Medicare Inpatient Days	27,610
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(3,476,922.02)	(1,526,822.98)	(1,076,879.33)	(208,252.85)	Medicaid Paid Claims	105,524
9. Total Cost	298,311,499.98	130,997,719.02	92,393,641.67	17,867,591.15	Property Rate Allowance	0.80
10. Charges	1,081,939,696.00	629,639,292.00	301,546,604.00	70,594,821.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		34,946,470.00		9,739,904.53	Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,606.33		162.36	County Ceiling Base	1,014.06	207.82
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,159.14	138.50	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	17,867,591.15
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		17,867,591.15
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		18,537,303.84
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		105,524
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		175.67
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		143.38
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		143.38
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		220.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		215.14
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		215.14
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		143.38
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		143.38
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		70,594,821.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		668.99
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		694.07
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		143.38
AU	Medicaid Trend Adjustment (IP%: 27.2260 %, OP%: 26.2788 %)		(37.68)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>105.70</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**100200 - 2015/07**

**Outpatient Rate: 110.36**

**County Billing ONLY**

Type of Control: Government  
 Fiscal Year: 5/1/2013 - 4/30/2014  
 Hospital Classification: Special

**Memorial Regional Hospital**

Type of Action: Unaudited Cost Report

County: Broward (6)  
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	220,506,648.00	246,189,267.00	44,835,159.00	34,943,775.00	Total Bed Days	378,505
2. Routine	152,842,041.00		22,583,954.00		Total Inpatient Days	167,066
3. Special Care	43,691,034.00		11,041,838.00		Total Newborn Days	30,670
4. Newborn Routine	24,818,130.00		16,886,625.00		Medicaid Inpatient Days	30,724
5. Intern-Resident	1,673,515.00		277,089.00		Medicaid Newborn IP Days	19,283
6. Home Health					Medicare Inpatient Days	39,965
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0419884170
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	155,240
9. Total Cost	443,531,368.00	246,189,267.00	95,624,665.00	34,943,775.00	Property Rate Allowance	0.80
10. Charges	2,197,172,835.00	1,802,982,209.00	482,069,458.00	192,661,543.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	119,270,112.00		26,168,391.19		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,337.57		216.77	County Ceiling Base	1,014.06	207.82
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	977.32	144.60	Cost Report DRI Index	2.0720
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	34,943,775.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		34,943,775.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		36,411,008.80
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		155,240
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		234.55
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		149.69
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		149.69
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		220.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		215.14
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		215.14
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		149.69
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		149.69
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		192,661,543.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,241.06
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,293.17
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		149.69
AU	Medicaid Trend Adjustment (IP%: 29.8253 %, OP%: 26.2788 %)		(39.34)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>110.36</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**100218 - 2015/07**

**Outpatient Rate: 93.99**

**County Billing ONLY**

Type of Control: Government  
 Fiscal Year: 7/1/2013 - 6/30/2014  
 Hospital Classification: Special

**Broward Health North**  
 Type of Action: Unaudited Cost Report

County: Broward (6)  
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	79,112,419.00	52,466,781.00	8,861,271.00	4,538,516.00	Total Bed Days	121,910
2. Routine	52,756,195.00		6,413,317.00		Total Inpatient Days	76,438
3. Special Care	19,171,852.00		2,474,787.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	11,760
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,082
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(1,755,198.42)	(609,701.58)	(206,260.45)	(52,740.81)	Medicaid Paid Claims	34,843
9. Total Cost	149,285,267.58	51,857,079.42	17,543,114.55	4,485,775.19	Property Rate Allowance	0.80
10. Charges	586,983,536.00	284,501,875.00	69,608,582.00	22,136,668.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	13,603,944.00		1,613,250.11		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,298.85		123.45	County Ceiling Base	1,014.06	207.82
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	841.08	123.16	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,485,775.19
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,485,775.19
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		4,653,910.93
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		34,843
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		133.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		127.50
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		127.50
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		220.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		215.14
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		215.14
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		127.50
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		127.50
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		22,136,668.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		635.33
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		659.14
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		127.50
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(33.51)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>93.99</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

<b>100315 - 2015/07</b>
<b>Outpatient Rate: 74.27</b>
<b>County Billing ONLY</b>

Type of Control: Nonprofit (Other)  
 Fiscal Year: 10/1/2013 - 9/30/2014  
 Hospital Classification: Special

**Naples Community Hospital**

Type of Action: Unaudited Cost Report

County: Collier (11)  
 District: 8

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	119,229,760.00	98,407,470.00	11,987,226.00	4,592,743.00	Total Bed Days	260,245
2. Routine	95,682,715.00		7,039,692.00		Total Inpatient Days	118,246
3. Special Care	13,846,867.00		1,267,171.00		Total Newborn Days	10,763
4. Newborn Routine	7,585,178.00		4,385,231.00		Medicaid Inpatient Days	10,345
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	2,170
6. Home Health					Medicare Inpatient Days	67,366
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(3,796,740.77)	(1,580,860.23)	(396,459.29)	(73,779.81)	Medicaid Paid Claims	42,290
9. Total Cost	232,547,779.23	96,826,609.77	24,282,860.71	4,518,963.19	Property Rate Allowance	0.80
10. Charges	958,296,307.00	631,105,079.00	79,466,889.00	28,709,805.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		27,472,091.00		2,278,127.95	Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,813.31	110.20	County Ceiling Base	1,044.64	192.11	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,107.82	98.27	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,655.14	204.39	FPLI	1.0007

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,518,963.19
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,518,963.19
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		4,663,690.97
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		42,290
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		110.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		101.73
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		101.73
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0007) for Collier (11)		204.39
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		198.88
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		198.88
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		101.73
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		101.73
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		28,709,805.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		678.88
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		700.62
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		101.73
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(27.46)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>74.27</b>





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**100358 - 2015/07**

**Outpatient Rate: 141.90**

**County Billing ONLY**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 10/1/2013 - 9/30/2014  
 Hospital Classification: Special

**Baptist Of Miami**

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	260,499,925.00	249,343,808.00	26,332,039.00	11,992,024.00	Total Bed Days	248,200
2. Routine	204,412,387.00		17,799,267.00		Total Inpatient Days	182,001
3. Special Care	41,960,427.00		9,415,613.00		Total Newborn Days	9,333
4. Newborn Routine	6,576,658.00		1,922,340.00		Medicaid Inpatient Days	20,471
5. Intern-Resident	3,360,011.00		291,696.00		Medicaid Newborn IP Days	2,556
6. Home Health					Medicare Inpatient Days	41,815
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(8,044,401.64)	(3,881,163.36)	(867,947.66)	(186,661.96)	Medicaid Paid Claims	55,836
9. Total Cost	508,765,006.36	245,462,644.64	54,893,007.34	11,805,362.04	Property Rate Allowance	0.80
10. Charges	2,247,540,118.00	1,222,295,894.00	214,437,696.00	58,416,745.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	50,931,443.00		4,859,366.56		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,861.39	181.12	County Ceiling Base	1,051.21	230.71	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,123.48	187.74	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	11,805,362.04
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		11,805,362.04
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		12,183,449.64
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		55,836
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		218.20
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		194.35
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		194.35
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		194.35
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		194.35
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		58,416,745.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,046.22
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,079.73
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		194.35
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(52.46)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>141.90</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**100366 - 2015/07**

**Outpatient Rate: 117.98**

**County Billing ONLY**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 6/1/2013 - 5/31/2014  
 Hospital Classification: Special

**University of Miami Hospital**

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	163,250,034.00	69,112,958.00	15,842,977.00	5,484,107.00	Total Bed Days	187,610
2. Routine	81,964,868.00		8,734,282.00		Total Inpatient Days	118,963
3. Special Care	24,246,852.00		2,551,254.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	13,094
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	49,732
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	(3,631,104.38)	(931,324.62)	(365,567.51)	(73,900.52)	Medicaid Paid Claims	28,657
9. Total Cost	265,830,649.62	68,181,633.38	26,762,945.49	5,410,206.48	Property Rate Allowance	0.80
10. Charges	1,598,634,382.00	490,588,859.00	178,713,362.00	37,212,750.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		34,027,100.00		3,803,932.60	Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,512.93	162.90	County Ceiling Base	1,051.21	230.71	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	806.09	156.10	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,410,206.48
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,410,206.48
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		5,623,801.53
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		28,657
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		196.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		161.60
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		161.60
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		161.60
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		161.60
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		37,212,750.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,298.56
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,349.82
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		161.60
AU	Medicaid Trend Adjustment (IP%: 28.3278 %, OP%: 26.9907 %)		(43.62)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>117.98</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**100412 - 2015/07**

**Outpatient Rate: 67.57**

**County Billing ONLY**

Type of Control: Proprietary  
 Fiscal Year: 6/1/2013 - 5/31/2014  
 Hospital Classification: Special

**Hialeah Hospital**

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	38,566,868.00	21,183,731.00	10,208,934.00	3,886,114.00	Total Bed Days	124,830
2. Routine	30,153,864.00		6,882,912.00		Total Inpatient Days	51,986
3. Special Care	13,477,943.00		3,795,938.00		Total Newborn Days	2,666
4. Newborn Routine	1,027,284.00		831,927.00		Medicaid Inpatient Days	13,079
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	105
6. Home Health					Medicare Inpatient Days	15,395
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	43,649
9. Total Cost	83,225,959.00	21,183,731.00	21,719,711.00	3,886,114.00	Property Rate Allowance	0.80
10. Charges	638,478,607.00	249,046,558.00	127,190,132.00	42,267,251.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	7,855,182.00		1,564,816.15		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,319.08		76.82	County Ceiling Base	1,051.21	230.71
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	800.45	96.02	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,886,114.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,886,114.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		4,039,537.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		43,649
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		92.55
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		99.40
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		92.55
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		92.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		92.55
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		42,267,251.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		968.34
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,006.57
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		92.55
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(24.98)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>67.57</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**100421 - 2015/07**

**Outpatient Rate: 172.43**

**County Billing ONLY**

Type of Control: Government

Fiscal Year: 10/1/2012 - 9/30/2013

Hospital Classification: Specialized/Statutory Teaching

**Jackson Memorial Hospital**

Type of Action: Unaudited Cost Report

County: Dade (13)

District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	417,433,883.00	328,191,259.00	137,878,823.00	59,818,593.00	Total Bed Days	632,180
2. Routine	288,052,433.00		91,297,345.00		Total Inpatient Days	378,006
3. Special Care	123,854,610.00		12,807,632.00		Total Newborn Days	30,154
4. Newborn Routine	34,383,056.00		15,478,374.00		Medicaid Inpatient Days	113,223
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	5,205
6. Home Health					Medicare Inpatient Days	60,460
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0531707317
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	255,538
9. Total Cost	863,723,982.00	328,191,259.00	257,462,174.00	59,818,593.00	Property Rate Allowance	0.80
10. Charges	2,855,261,306.00	1,123,620,228.00	865,737,469.00	198,683,683.00	First Rate Semester in Effect	2014/07
11. Fixed Costs		92,805,098.00		28,139,228.62	Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,692.83	204.64	County Ceiling Base	32,767.00	230.71	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,411.35	225.94	Cost Report DRI Index	2.0500
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	59,818,593.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		59,818,593.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		62,999,191.36
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		255,538
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		246.54
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		233.90
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		233.90
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		233.90
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		233.90
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		198,683,683.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		777.51
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		818.85
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		233.90
AU	Medicaid Trend Adjustment (IP%: 27.2260 %, OP%: 26.2788 %)		(61.47)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>172.43</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**100463 - 2015/07**

**Outpatient Rate: 115.44**

**County Billing ONLY**

Type of Control: Nonprofit (Other)

**Mount Sinai Medical Center**

County: Dade (13)

Fiscal Year: 1/1/2013 - 12/31/2013

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: Specialized/Statutory Teaching

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	131,695,889.00	89,720,239.00	9,469,534.00	5,832,567.00	Total Bed Days	215,456
2. Routine	78,228,808.00		5,224,113.00		Total Inpatient Days	137,099
3. Special Care	21,824,012.00		1,770,317.00		Total Newborn Days	5,539
4. Newborn Routine	6,359,830.00		4,932,624.00		Medicaid Inpatient Days	10,107
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	2,761
6. Home Health					Medicare Inpatient Days	56,290
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	39,056
9. Total Cost	238,108,539.00	89,720,239.00	21,396,588.00	5,832,567.00	Property Rate Allowance	0.80
10. Charges	1,315,456,782.00	774,825,578.00	101,503,606.00	43,192,380.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		27,009,809.00		2,084,137.65	Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,306.30	129.98	County Ceiling Base	32,767.00	230.71	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,168.95	195.44	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,832,567.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,832,567.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		6,115,838.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		39,056
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		156.59
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		202.33
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		156.59
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		156.59
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		156.59
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		43,192,380.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,105.91
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,159.62
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		156.59
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(41.15)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>115.44</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**100471 - 2015/07**

**Outpatient Rate: 123.62**

**County Billing ONLY**

Type of Control: Nonprofit (Other)

**University of Miami Hospital and Clinics**

County: Dade (13)

Fiscal Year: 6/1/2013 - 5/31/2014

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: Statutory Teaching Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	30,054,860.00	264,352,108.00	3,720,535.00	18,985,643.00	Total Bed Days	14,600
2. Routine	9,614,824.00		965,979.00		Total Inpatient Days	10,953
3. Special Care	10,656,423.00		1,945,771.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,522
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,777
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	(480,481.75)	(2,523,866.25)	(63,320.85)	(181,262.88)	Medicaid Paid Claims	70,187
9. Total Cost	49,845,625.25	261,828,241.75	6,568,964.15	18,804,380.12	Property Rate Allowance	0.80
10. Charges	198,970,984.00	1,448,468,206.00	24,479,781.00	95,421,644.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		20,460,752.00		2,517,325.48	Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,296.96	231.17	County Ceiling Base	32,767.00	230.71	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	775.61	163.56	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	18,804,380.12
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		18,804,380.12
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		19,546,777.41
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		70,187
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		278.50
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		169.32
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		169.32
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		169.32
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		169.32
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		95,421,644.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,359.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,413.21
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		169.32
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(45.70)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>123.62</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**100498 - 2015/07**

**Outpatient Rate: 43.74**

**County Billing ONLY**

Type of Control: Proprietary  
 Fiscal Year: 6/1/2013 - 5/31/2014  
 Hospital Classification: Special

**Northshore Medical Center**

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	81,707,754.00	63,163,846.00	15,004,712.00	6,099,354.00	Total Bed Days	281,415
2. Routine	64,053,721.00		12,070,279.00		Total Inpatient Days	120,920
3. Special Care	34,269,607.00		7,754,647.00		Total Newborn Days	4,746
4. Newborn Routine	1,631,316.00		1,091,655.00		Medicaid Inpatient Days	26,516
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	3,003
6. Home Health					Medicare Inpatient Days	39,267
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	68,091
9. Total Cost	181,662,398.00	63,163,846.00	35,921,293.00	6,099,354.00	Property Rate Allowance	0.80
10. Charges	1,348,335,223.00	692,294,400.00	225,659,421.00	73,496,798.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	16,617,074.00		2,781,058.62		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	968.70		77.29	County Ceiling Base	1,051.21	230.71
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	814.61	57.87	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	6,099,354.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,099,354.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		6,340,156.61
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		68,091
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		93.11
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		59.91
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		59.91
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		59.91
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		59.91
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		73,496,798.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,079.39
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,122.01
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		59.91
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(16.17)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>43.74</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**100609 - 2015/07**

**Outpatient Rate: 150.10**

**County Billing ONLY**

Type of Control: Nonprofit (Other)

Fiscal Year: 1/1/2013 - 12/31/2013

Hospital Classification: Specialized: Children's

**Nicklaus Children's Hospital**

Type of Action: Unaudited Cost Report

County: Dade (13)

District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	101,923,154.00	127,278,909.00	46,698,547.00	55,935,304.00	Total Bed Days	105,485
2. Routine	57,156,517.00		25,447,901.00		Total Inpatient Days	63,140
3. Special Care	63,099,357.00		30,195,283.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	30,523
5. Intern-Resident	514,978.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	171
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(3,921,449.26)	(2,241,271.74)	(1,802,149.56)	(984,972.43)	Medicaid Paid Claims	247,413
9. Total Cost	218,772,556.74	125,037,637.26	100,539,581.44	54,950,331.57	Property Rate Allowance	0.80
10. Charges	952,130,480.00	767,237,966.00	462,630,060.00	230,575,385.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	38,187,778.00		18,555,034.63		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,337.88	193.31	County Ceiling Base	32,767.00	230.71	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,686.36	155.08	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	54,950,331.57
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		54,950,331.57
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		57,619,118.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		247,413
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		232.89
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		160.54
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		160.54
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		160.54
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		160.54
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		230,575,385.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		931.95
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		977.21
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		160.54
AU	Medicaid Trend Adjustment (IP%: 10.3891 %, OP%: 6.5029 %)		(10.44)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>150.10</b>





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**100625 - 2015/07**

**Outpatient Rate: 97.93**

**County Billing ONLY**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2013 - 12/31/2013  
 Hospital Classification: CHEP

**Westchester General Hospital**

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	17,720,099.00	7,421,605.00	1,987,986.00	677,560.00	Total Bed Days	71,905
2. Routine	27,598,056.00		2,512,321.00		Total Inpatient Days	50,544
3. Special Care	2,190,771.00		209,848.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	5,253
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	23,264
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(652,160.74)	(101,877.26)	(64,656.86)	(9,300.95)	Medicaid Paid Claims	5,224
9. Total Cost	46,856,765.26	7,319,727.74	4,645,498.14	668,259.05	Property Rate Allowance	0.80
10. Charges	146,378,703.00	26,549,590.00	16,470,268.00	2,838,234.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	3,051,492.00		343,348.38		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	712.85		111.34	County Ceiling Base	1,051.21	230.71
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	424.38	149.56	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	668,259.05
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		668,259.05
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		700,714.57
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,224
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		134.13
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		154.83
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		134.13
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		134.13
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		134.13
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		2,838,234.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		543.31
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		569.69
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		134.13
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(36.20)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>97.93</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**100641 - 2015/07**

**Outpatient Rate: 82.68**

**County Billing ONLY**

Type of Control: Nonprofit (Church)  
 Fiscal Year: 10/1/2013 - 9/30/2014  
 Hospital Classification: Special

**Baptist Medical Center Jacksonville**

Type of Action: Unaudited Cost Report

County: Duval (16)  
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	252,293,100.00	229,673,302.00	25,534,904.00	18,359,684.00	Total Bed Days	299,665
2. Routine	152,888,066.00		14,733,185.00		Total Inpatient Days	203,342
3. Special Care	42,579,724.00		5,498,410.00		Total Newborn Days	28,430
4. Newborn Routine	26,911,761.00		9,485,369.00		Medicaid Inpatient Days	22,689
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	7,268
6. Home Health					Medicare Inpatient Days	66,630
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(6,442,130.34)	(3,117,064.66)	(749,863.58)	(249,172.72)	Medicaid Paid Claims	165,038
9. Total Cost	468,230,520.66	226,556,237.34	54,502,004.42	18,110,511.28	Property Rate Allowance	0.80
10. Charges	1,973,544,897.00	1,461,634,419.00	235,850,138.00	110,925,560.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		57,933,493.00		6,923,390.67	Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,653.98		114.28	County Ceiling Base	919.17	190.73
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	883.65	117.82	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,639.10	202.40	FPLI	0.9910

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	18,110,511.28
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		18,110,511.28
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		18,690,532.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		165,038
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		113.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		121.97
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		113.25
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9910) for Duval (16)		202.40
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.45
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.45
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		113.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		113.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		110,925,560.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		672.12
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		693.65
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		113.25
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(30.57)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>82.68</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

<b>100676 - 2015/07</b>
<b>Outpatient Rate: 104.81</b>
<b>County Billing ONLY</b>

Type of Control: Nonprofit (Other)

**UF Health Jacksonville**

County: Duval (16)

Fiscal Year: 7/1/2013 - 6/30/2014

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: Specialized/Statutory Teaching

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	140,939,317.00	164,484,283.00	34,022,292.00	30,084,614.00	Total Bed Days	182,809
2. Routine	85,535,121.00		23,300,669.00		Total Inpatient Days	130,582
3. Special Care	43,490,467.00		8,213,178.00		Total Newborn Days	17,087
4. Newborn Routine	15,237,788.00		11,282,274.00		Medicaid Inpatient Days	35,376
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	8,468
6. Home Health					Medicare Inpatient Days	35,893
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	154,207
9. Total Cost	285,202,693.00	164,484,283.00	76,818,413.00	30,084,614.00	Property Rate Allowance	0.80
10. Charges	1,231,695,043.00	898,895,961.00	305,949,892.00	171,567,272.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		33,691,801.00		8,368,957.02	Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,634.43	204.24	County Ceiling Base	32,767.00	190.73	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,227.74	137.33	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,639.10	202.40	FPLI	0.9910

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	30,084,614.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		30,084,614.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		31,212,244.89
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		154,207
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		202.40
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		142.17
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		142.17
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9910) for Duval (16)		202.40
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.45
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.45
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		142.17
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		142.17
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		171,567,272.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,112.58
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,154.28
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		142.17
AU	Medicaid Trend Adjustment (IP%: 27.2260 %, OP%: 26.2788 %)		(37.36)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>104.81</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**100722 - 2015/07**

**Outpatient Rate: 100.24**

**County Billing ONLY**

**Mayo Clinic**

Type of Control: Nonprofit (Other)

County: Duval (16)

Fiscal Year: 1/1/2013 - 12/31/2013

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: Specialized: Statutory Teaching

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	132,121,071.00	89,071,515.00	1,296,657.00	471,281.00	Total Bed Days	81,610
2. Routine	72,005,934.00		651,551.00		Total Inpatient Days	62,266
3. Special Care	71,548,793.00		354,298.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	618
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	29,337
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(4,753,545.11)	(1,535,881.89)	(39,702.67)	(8,126.41)	Medicaid Paid Claims	2,999
9. Total Cost	270,922,252.89	87,535,633.11	2,262,803.33	463,154.59	Property Rate Allowance	0.80
10. Charges	679,468,972.00	404,093,303.00	6,963,072.00	1,988,527.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		17,318,470.00		177,476.47	Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	3,570.33		163.41	County Ceiling Base	32,767.00	190.73
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,253.21	131.35	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,639.10	202.40	FPLI	0.9910

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	463,154.59
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		463,154.59
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		485,648.74
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,999
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		161.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		135.98
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		135.98
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9910) for Duval (16)		202.40
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.45
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.45
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		135.98
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		135.98
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		1,988,527.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		663.06
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		695.27
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		135.98
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(35.73)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>100.24</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**100731 - 2015/07**

**Outpatient Rate: 60.32**

**County Billing ONLY**

Type of Control: Nonprofit (Church)  
 Fiscal Year: 7/1/2013 - 6/30/2014  
 Hospital Classification: CHEP

**St. Vincent's Medical Center Riverside**

Type of Action: Unaudited Cost Report

County: Duval (16)  
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	135,543,813.00	132,319,753.00	6,345,242.00	3,632,695.00	Total Bed Days	189,628
2. Routine	89,812,311.00		5,695,020.00		Total Inpatient Days	120,131
3. Special Care	19,041,825.00		2,159,263.00		Total Newborn Days	3,553
4. Newborn Routine	1,451,947.00		616,244.00		Medicaid Inpatient Days	9,553
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	76
6. Home Health					Medicare Inpatient Days	50,428
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(3,281,788.08)	(1,766,302.92)	(197,771.95)	(48,491.93)	Medicaid Paid Claims	31,541
9. Total Cost	242,568,107.92	130,553,450.08	14,617,997.05	3,584,203.07	Property Rate Allowance	0.80
10. Charges	1,150,516,274.00	951,679,877.00	54,357,390.00	27,948,642.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		22,337,838.00		1,055,375.40	Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,474.58		118.97	County Ceiling Base	919.17	190.73
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	893.28	79.81	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,639.10	202.40	FPLI	0.9910

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,584,203.07
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,584,203.07
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		3,718,546.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		31,541
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		117.90
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		82.62
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		82.62
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9910) for Duval (16)		202.40
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.45
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.45
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		82.62
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		82.62
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		27,948,642.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		886.11
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		919.32
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		82.62
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(22.30)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>60.32</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**100749 - 2015/07**

**Outpatient Rate: 76.68**

**County Billing ONLY**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 10/1/2013 - 9/30/2014  
 Hospital Classification: Special

**Baptist Hospital Inc**

Type of Action: Unaudited Cost Report

County: Escambia (17)  
 District: 1

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	95,519,580.00	123,666,485.00	7,433,565.00	6,172,167.00	Total Bed Days	148,920
2. Routine	58,637,554.00		7,528,180.00		Total Inpatient Days	98,259
3. Special Care	16,522,425.00		950,038.00		Total Newborn Days	2,351
4. Newborn Routine	1,163,106.00		524,414.00		Medicaid Inpatient Days	12,940
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	234
6. Home Health					Medicare Inpatient Days	40,211
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	52,185
9. Total Cost	171,842,665.00	123,666,485.00	16,436,197.00	6,172,167.00	Property Rate Allowance	0.80
10. Charges	905,719,204.00	1,026,581,370.00	69,577,330.00	58,234,232.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		27,076,176.00		2,079,991.26	Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,195.66		129.77	County Ceiling Base	962.35	185.10
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	732.26	100.47	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,555.74	192.11	FPLI	0.9406

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	6,172,167.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,172,167.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		6,369,841.56
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		52,185
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		122.06
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		104.01
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		104.01
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9406) for Escambia (17)		192.11
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		191.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		191.62
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		104.01
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		104.01
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		58,234,232.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,115.92
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,151.66
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		104.01
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(27.33)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>76.68</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**100765 - 2015/07**

**Outpatient Rate: 109.91**

**County Billing ONLY**

Type of Control: Nonprofit (Church)  
 Fiscal Year: 7/1/2013 - 6/30/2014  
 Hospital Classification: CHEP

**Sacred Heart Hospital**

Type of Action: Unaudited Cost Report

County: Escambia (17)  
 District: 1

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	85,796,936.00	241,504,430.00	18,513,706.00	19,887,707.00	Total Bed Days	170,090
2. Routine	57,257,261.00		9,846,152.00		Total Inpatient Days	91,231
3. Special Care	20,581,729.00		3,537,756.00		Total Newborn Days	24,102
4. Newborn Routine	15,907,821.00		9,147,806.00		Medicaid Inpatient Days	18,383
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	10,022
6. Home Health					Medicare Inpatient Days	30,507
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	105,189
9. Total Cost	179,543,747.00	241,504,430.00	41,045,420.00	19,887,707.00	Property Rate Allowance	0.80
10. Charges	749,051,930.00	879,037,391.00	165,216,401.00	82,827,798.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	36,660,297.00		8,086,064.65		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,279.85	208.54	County Ceiling Base	962.35	185.10	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	947.74	144.02	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,555.74	192.11	FPLI	0.9406

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	19,887,707.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		19,887,707.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		20,633,137.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		105,189
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		196.15
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		149.09
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		149.09
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9406) for Escambia (17)		192.11
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		191.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		191.62
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		149.09
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		149.09
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		82,827,798.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		787.42
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		816.93
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		149.09
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(39.18)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>109.91</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**100871 - 2015/07**

**Outpatient Rate: 45.21**

**County Billing ONLY**

Type of Control: Proprietary  
 Fiscal Year: 10/1/2013 - 9/30/2014  
 Hospital Classification: Special

**Bayfront Health Brooksville**

Type of Action: Unaudited Cost Report

County: Hernando (27)  
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	31,951,462.00	35,580,339.00	2,780,493.00	2,458,023.00	Total Bed Days	89,060
2. Routine	24,506,541.00		1,848,044.00		Total Inpatient Days	40,354
3. Special Care	10,765,512.00		1,843,894.00		Total Newborn Days	2,391
4. Newborn Routine	517,256.00		284,258.00		Medicaid Inpatient Days	4,591
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	771
6. Home Health					Medicare Inpatient Days	13,296
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(1,327,043.97)	(697,020.03)	(132,363.76)	(48,152.75)	Medicaid Paid Claims	40,166
9. Total Cost	66,413,727.03	34,883,318.97	6,624,325.24	2,409,870.25	Property Rate Allowance	0.80
10. Charges	709,579,895.00	582,694,041.00	55,708,973.00	42,628,673.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	12,156,398.00		954,396.33		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,203.32		68.28	County Ceiling Base	916.51	179.17
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	854.21	84.43	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,500.00	185.23	FPLI	0.9069

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,409,870.25
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,409,870.25
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,487,050.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		40,166
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		61.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		87.40
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		61.92
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9069) for Hernando (27)		185.23
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		185.23
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		61.92
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		61.92
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		42,628,673.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,061.31
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,095.30
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		61.92
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(16.71)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>45.21</b>





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**100978 - 2015/07**

**Outpatient Rate: 122.77**

**County Billing ONLY**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 1/1/2013 - 12/31/2013  
 Hospital Classification: Special

**St. Josephs Hospital**

Type of Action: Unaudited Cost Report

County: Hillsborough (29)  
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	218,168,455.00	186,841,461.00	60,849,993.00	18,642,546.00	Total Bed Days	359,890
2. Routine	133,515,894.00		29,375,963.00		Total Inpatient Days	212,774
3. Special Care	70,272,656.00		23,878,586.00		Total Newborn Days	15,420
4. Newborn Routine	6,997,166.00		2,049,679.00		Medicaid Inpatient Days	59,734
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	84
6. Home Health					Medicare Inpatient Days	48,839
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(7,069,458.69)	(3,079,275.31)	(1,914,301.16)	(307,241.93)	Medicaid Paid Claims	112,519
9. Total Cost	421,884,712.31	183,762,185.69	114,239,919.84	18,335,304.07	Property Rate Allowance	0.80
10. Charges	1,829,291,920.00	1,152,987,033.00	438,138,812.00	109,419,076.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		57,523,044.00		13,777,504.77	Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,883.66		182.77	County Ceiling Base	972.81	184.70
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,122.04	160.86	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,546.31	190.95	FPLI	0.9349

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	18,335,304.07
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		18,335,304.07
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		19,225,799.65
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		112,519
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		170.87
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		166.53
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		166.53
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9349) for Hillsborough (29)		190.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		191.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		190.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		166.53
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		166.53
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		109,419,076.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		972.45
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,019.68
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		166.53
AU	Medicaid Trend Adjustment (IP%: 29.0729 %, OP%: 26.2788 %)		(43.76)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>122.77</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

<b>100986 - 2015/07</b>
<b>Outpatient Rate: 67.65</b>
<b>County Billing ONLY</b>

Type of Control: Nonprofit (Other)  
 Fiscal Year: 1/1/2013 - 12/31/2013  
 Hospital Classification: Special

**South Florida Baptist**  
 Type of Action: Unaudited Cost Report

County: Hillsborough (29)  
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	22,884,343.00	30,866,843.00	5,723,965.00	2,639,426.00	Total Bed Days	53,655
2. Routine	17,566,016.00		2,677,203.00		Total Inpatient Days	22,596
3. Special Care	5,057,429.00		240,358.00		Total Newborn Days	977
4. Newborn Routine	752,996.00		443,935.00		Medicaid Inpatient Days	3,871
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	15
6. Home Health					Medicare Inpatient Days	7,254
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(666,788.18)	(444,904.82)	(130,954.94)	(38,043.84)	Medicaid Paid Claims	22,553
9. Total Cost	45,593,995.82	30,421,938.18	8,954,506.06	2,601,382.16	Property Rate Allowance	0.80
10. Charges	216,894,877.00	217,245,859.00	38,330,876.00	18,863,645.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	5,371,967.00		949,364.06		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,310.45	129.37	County Ceiling Base	972.81	184.70	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	877.61	89.50	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,546.31	190.95	FPLI	0.9349

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,601,382.16
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,601,382.16
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,727,724.17
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,553
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		120.95
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		92.65
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		92.65
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9349) for Hillsborough (29)		190.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		191.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		190.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		92.65
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		92.65
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		18,863,645.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		836.41
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		877.04
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		92.65
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(25.01)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>67.65</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**100994 - 2015/07**

**Outpatient Rate: 140.77**

**County Billing ONLY**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 10/1/2013 - 9/30/2014  
 Hospital Classification: Specialized/Statutory Teaching

**Tampa General Hospital**

Type of Action: Unaudited Cost Report

County: Hillsborough (29)  
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	339,378,185.00	199,183,826.00	39,518,488.00	15,151,518.00	Total Bed Days	355,510
2. Routine	180,234,127.00		22,106,310.00		Total Inpatient Days	246,350
3. Special Care	116,340,598.00		7,530,324.00		Total Newborn Days	28,447
4. Newborn Routine	30,052,212.00		16,465,585.00		Medicaid Inpatient Days	32,561
5. Intern-Resident	535,332.00		0.00		Medicaid Newborn IP Days	9,413
6. Home Health					Medicare Inpatient Days	78,131
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(9,650,877.85)	(2,883,994.16)	(1,239,707.18)	(219,379.71)	Medicaid Paid Claims	75,875
9. Total Cost	656,889,576.16	196,299,831.85	84,380,999.82	14,932,138.29	Property Rate Allowance	0.80
10. Charges	3,684,380,540.00	1,606,107,952.00	421,031,559.00	97,620,134.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	51,293,427.00		5,861,542.07		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,065.01		217.24	32,767.00	184.70	Semester DRI Index
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,157.54	186.71	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,546.31	190.95	FPLI	0.9349

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	14,932,138.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		14,932,138.29
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		15,410,366.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		75,875
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		203.10
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		193.29
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		193.29
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9349) for Hillsborough (29)		190.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		191.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		190.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		190.95
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		190.95
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		97,620,134.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,286.59
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,327.80
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		190.95
AU	Medicaid Trend Adjustment (IP%: 27.2260 %, OP%: 26.2788 %)		(50.18)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>140.77</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**101109 - 2015/07**

**Outpatient Rate: 91.75**

**County Billing ONLY**

Type of Control: Government  
 Fiscal Year: 10/1/2013 - 9/30/2014  
 Hospital Classification: Special

**Lee Memorial Hospital**  
 Type of Action: Unaudited Cost Report

County: Lee (36)  
 District: 8

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	192,831,615.00	154,507,567.00	22,646,542.00	11,968,934.00	Total Bed Days	263,895
2. Routine	133,971,568.00		17,967,866.00		Total Inpatient Days	178,252
3. Special Care	46,727,576.00		18,955,447.00		Total Newborn Days	15,205
4. Newborn Routine	11,200,490.00		5,476,844.00		Medicaid Inpatient Days	33,710
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	7,342
6. Home Health					Medicare Inpatient Days	68,573
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(6,217,149.06)	(2,496,798.94)	(1,051,136.41)	(193,414.62)	Medicaid Paid Claims	89,099
9. Total Cost	378,514,099.94	152,010,768.06	63,995,562.59	11,775,519.38	Property Rate Allowance	0.80
10. Charges	1,710,734,179.00	1,078,681,631.00	208,318,414.00	85,425,482.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	35,774,615.00		4,356,323.24		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,581.87		143.91	County Ceiling Base	1,016.73	187.25
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,109.45	120.22	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,567.64	193.58	FPLI	0.9478

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	11,775,519.38
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		11,775,519.38
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		12,152,651.22
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		89,099
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		136.39
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		124.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		124.46
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9478) for Lee (36)		193.58
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.85
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.58
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		124.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		124.46
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		85,425,482.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		958.77
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		989.48
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		124.46
AU	Medicaid Trend Adjustment (IP%: 27.2260 %, OP%: 26.2788 %)		(32.71)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>91.75</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**101133 - 2015/07**

**Outpatient Rate: 106.90**

**County Billing ONLY**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 10/1/2013 - 9/30/2014  
 Hospital Classification: CHEP

**Tallahassee Memorial Regional M.C.**

Type of Action: Unaudited Cost Report

County: Leon (37)  
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	127,411,208.00	224,892,337.00	12,315,008.00	6,325,573.00	Total Bed Days	178,850
2. Routine	82,968,497.00		8,627,615.00		Total Inpatient Days	107,075
3. Special Care	16,612,557.00		2,503,788.00		Total Newborn Days	17,186
4. Newborn Routine	11,375,084.00		4,742,459.00		Medicaid Inpatient Days	13,214
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	3,986
6. Home Health					Medicare Inpatient Days	28,413
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(2,685,453.94)	(2,533,644.06)	(317,576.69)	(71,264.10)	Medicaid Paid Claims	38,639
9. Total Cost	235,681,892.06	222,358,692.94	27,871,293.31	6,254,308.90	Property Rate Allowance	0.80
10. Charges	996,322,381.00	947,304,972.00	89,491,849.00	30,537,239.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	36,912,087.00		3,315,524.15		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,534.30		173.96	987.23	186.40	Semester DRI Index
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	879.60	140.07	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,588.32	196.13	FPLI	0.9603

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	6,254,308.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,254,308.90
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		6,454,614.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		38,639
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		167.05
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		145.01
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		145.01
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9603) for Leon (37)		196.13
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.97
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		192.97
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		145.01
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		145.01
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		30,537,239.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		790.32
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		815.63
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		145.01
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(38.11)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>106.90</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

<b>101168 - 2015/07</b>
<b>Outpatient Rate: 75.75</b>
<b>County Billing ONLY</b>

Type of Control: Proprietary  
 Fiscal Year: 1/1/2013 - 12/31/2013  
 Hospital Classification: Special

**Manatee Memorial Hospital**

Type of Action: Unaudited Cost Report

County: Manatee (41)  
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	70,781,780.00	50,167,095.00	8,802,826.00	3,134,178.00	Total Bed Days	116,435
2. Routine	58,439,621.00		7,143,925.00		Total Inpatient Days	77,843
3. Special Care	9,585,837.00		1,268,601.00		Total Newborn Days	5,354
4. Newborn Routine	3,707,715.00		3,366,561.00		Medicaid Inpatient Days	9,602
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	2,145
6. Home Health					Medicare Inpatient Days	29,595
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	31,675
9. Total Cost	142,514,953.00	50,167,095.00	20,581,913.00	3,134,178.00	Property Rate Allowance	0.80
10. Charges	819,986,073.00	462,831,630.00	83,253,808.00	34,314,797.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	19,468,130.00		1,976,614.01		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,710.00	106.83	County Ceiling Base	993.80	185.52	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	827.41	112.52	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,606.35	198.36	FPLI	0.9712

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,134,178.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,134,178.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		3,286,396.46
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		31,675
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		103.75
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		116.48
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		103.75
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9712) for Manatee (41)		198.36
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.06
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		192.06
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		103.75
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		103.75
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		34,314,797.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,083.34
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,135.95
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		103.75
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(28.00)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>75.75</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**101290 - 2015/07**  
**Outpatient Rate: 99.58**

**County Billing ONLY**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 1/1/2013 - 12/31/2013  
 Hospital Classification: Statutory Teaching

**Florida Hospital**  
 Type of Action: Amended Cost Report

County: Orange (48)  
 District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	765,841,659.00	536,904,810.00	86,113,958.00	41,445,215.00	Total Bed Days	865,780
2. Routine	504,971,347.00		55,370,229.00		Total Inpatient Days	619,500
3. Special Care	152,751,556.00		16,289,076.00		Total Newborn Days	42,431
4. Newborn Routine	35,066,187.00		22,893,791.00		Medicaid Inpatient Days	72,175
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	20,273
6. Home Health					Medicare Inpatient Days	215,734
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(22,577,087.01)	(8,310,359.99)	(2,796,414.24)	(641,500.41)	Medicaid Paid Claims	272,478
9. Total Cost	1,436,053,661.99	528,594,450.01	177,870,639.76	40,803,714.59	Property Rate Allowance	0.80
10. Charges	7,498,369,371.00	3,834,671,606.00	871,157,010.00	307,804,710.00	First Rate Semester in Effect	2014/07
11. Fixed Costs	159,245,225.00		18,501,034.99		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,845.44		160.31	County Ceiling Base	970.98	190.61
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,007.63	131.75	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,620.08	200.06	FPLI	0.9795

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	40,803,714.59
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		40,803,714.59
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		42,785,439.44
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		272,478
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		157.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		136.39
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		136.39
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9795) for Orange (48)		200.06
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		136.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		136.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		307,804,710.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,129.65
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,184.51
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		136.39
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(36.81)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>99.58</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

<b>101338 - 2015/07</b>
<b>Outpatient Rate: 123.16</b>
<b>County Billing ONLY</b>

Type of Control: Nonprofit (Other)

Fiscal Year: 10/1/2013 - 9/30/2014

Hospital Classification: Statutory Teaching Hospital

**Orlando Health**

Type of Action: Unaudited Cost Report

County: Orange (48)

District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	429,349,096.00	381,207,638.00	60,927,568.00	29,508,196.00	Total Bed Days	556,538
2. Routine	312,736,038.00		46,794,448.00		Total Inpatient Days	325,762
3. Special Care	56,506,399.00		9,696,769.00		Total Newborn Days	67,048
4. Newborn Routine	59,804,108.00		29,002,307.00		Medicaid Inpatient Days	54,956
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	20,563
6. Home Health					Medicare Inpatient Days	68,372
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	164,062
9. Total Cost	858,395,641.00	381,207,638.00	146,421,092.00	29,508,196.00	Property Rate Allowance	0.80
10. Charges	4,329,807,311.00	2,887,107,265.00	686,460,377.00	202,757,648.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		123,503,648.00		19,580,631.35	Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,769.65	189.51	County Ceiling Base	32,767.00	190.61	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,232.26	161.38	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,620.08	200.06	FPLI	0.9795

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	29,508,196.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		29,508,196.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		30,453,248.17
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		164,062
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		185.62
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		167.07
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		167.07
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9795) for Orange (48)		200.06
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		167.07
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		167.07
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		202,757,648.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,235.86
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,275.44
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		167.07
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(43.90)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>123.16</b>





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

<b>101354 - 2015/07</b>
<b>Outpatient Rate: 82.58</b>
<b>County Billing ONLY</b>

Type of Control: Nonprofit (Other)  
 Fiscal Year: 10/1/2013 - 9/30/2014  
 Hospital Classification: Special

**Health Central**

Type of Action: Unaudited Cost Report

County: Orange (48)  
 District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	46,000,085.00	46,801,626.00	3,353,409.00	3,165,190.00	Total Bed Days	62,415
2. Routine	33,517,590.00		2,386,834.00		Total Inpatient Days	49,179
3. Special Care	8,362,910.00		706,132.00		Total Newborn Days	2,141
4. Newborn Routine	1,433,285.00		904,427.00		Medicaid Inpatient Days	4,131
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	433
6. Home Health					Medicare Inpatient Days	15,206
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	23,385
9. Total Cost	89,313,870.00	46,801,626.00	7,350,802.00	3,165,190.00	Property Rate Allowance	0.80
10. Charges	497,479,284.00	317,067,222.00	36,582,775.00	20,245,230.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		12,127,622.00		891,820.18	Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,491.09	142.61	County Ceiling Base	970.98	190.61	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,171.04	109.26	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,620.08	200.06	FPLI	0.9795

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,165,190.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,165,190.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		3,266,560.81
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		23,385
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		139.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		113.11
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		113.11
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9795) for Orange (48)		200.06
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		113.11
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		113.11
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		20,245,230.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		865.74
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		893.46
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		113.11
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(30.53)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>82.58</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**101389 - 2015/07**

**Outpatient Rate: 89.43**

**County Billing ONLY**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2013 - 12/31/2013  
 Hospital Classification: Special

**Osceola Regional Medical Center**

Type of Action: Unaudited Cost Report

County: Osceola (49)  
 District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	64,477,039.00	58,512,454.00	8,218,170.00	5,185,051.00	Total Bed Days	93,805
2. Routine	55,332,350.00		3,757,355.00		Total Inpatient Days	81,229
3. Special Care	18,084,599.00		5,404,711.00		Total Newborn Days	2,893
4. Newborn Routine	1,070,688.00		737,979.00		Medicaid Inpatient Days	9,410
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	56
6. Home Health					Medicare Inpatient Days	26,579
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(2,344,757.58)	(987,283.42)	(305,709.50)	(87,487.61)	Medicaid Paid Claims	42,437
9. Total Cost	136,619,918.42	57,525,170.58	17,812,505.50	5,097,563.39	Property Rate Allowance	0.80
10. Charges	1,249,348,082.00	796,643,935.00	113,549,933.00	86,261,973.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	16,395,724.00		1,490,163.86		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,898.42		132.25	County Ceiling Base	936.28	187.56
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,033.17	118.32	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,575.25	194.52	FPLI	0.9524

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,097,563.39
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,097,563.39
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		5,345,138.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		42,437
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		125.95
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		122.49
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		122.49
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9524) for Osceola (49)		194.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		194.17
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		194.17
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		122.49
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		122.49
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		86,261,973.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,032.71
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,131.43
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		122.49
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(33.06)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>89.43</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**101401 - 2015/07**

**Outpatient Rate: 68.62**

**County Billing ONLY**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 10/1/2013 - 9/30/2014  
 Hospital Classification: Special

**Bethesda Hospital East**

Type of Action: Unaudited Cost Report

County: Palm Beach (50)  
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	94,687,320.00	72,978,411.00	13,751,874.00	5,976,754.00	Total Bed Days	164,980
2. Routine	59,418,087.00		6,884,505.00		Total Inpatient Days	92,666
3. Special Care	16,029,478.00		1,363,550.00		Total Newborn Days	14,153
4. Newborn Routine	8,391,926.00		6,077,180.00		Medicaid Inpatient Days	12,938
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	4,673
6. Home Health					Medicare Inpatient Days	39,647
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(2,259,976.86)	(923,836.14)	(355,429.06)	(75,659.93)	Medicaid Paid Claims	64,794
9. Total Cost	176,266,834.14	72,054,574.86	27,721,679.94	5,901,094.07	Property Rate Allowance	0.80
10. Charges	929,579,209.00	577,643,245.00	127,838,305.00	44,904,554.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	25,804,689.00		3,548,732.23		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,381.88		91.69	County Ceiling Base	1,054.35	202.52
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,036.68	118.72	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.50	209.37	FPLI	1.0251

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,901,094.07
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,901,094.07
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		6,090,087.05
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		64,794
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		93.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		122.90
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		93.99
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		209.37
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		209.66
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		209.37
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		93.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		93.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		44,904,554.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		693.04
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		715.23
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		93.99
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(25.37)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>68.62</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**101460 - 2015/07**

**Outpatient Rate: 105.71**

**County Billing ONLY**

Type of Control: Proprietary  
 Fiscal Year: 7/1/2013 - 6/30/2014  
 Hospital Classification: CHEP

**JFK Medical Center**  
 Type of Action: Unaudited Cost Report

County: Palm Beach (50)  
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	132,235,920.00	88,184,943.00	12,477,217.00	5,821,678.00	Total Bed Days	163,520
2. Routine	85,718,887.00		8,309,663.00		Total Inpatient Days	126,095
3. Special Care	23,738,633.00		2,932,319.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	13,749
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	42,301
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(3,828,891.11)	(1,397,019.89)	(375,757.94)	(92,226.63)	Medicaid Paid Claims	41,053
9. Total Cost	237,864,548.89	86,787,923.11	23,343,441.06	5,729,451.37	Property Rate Allowance	0.80
10. Charges	2,045,554,846.00	995,109,784.00	192,109,876.00	69,392,867.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		28,193,196.00		2,647,785.95	Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,523.43		141.25	County Ceiling Base	1,054.35	202.52
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	797.77	141.63	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.50	209.37	FPLI	1.0251

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,729,451.37
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,729,451.37
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		5,944,202.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		41,053
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		144.79
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		146.62
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		144.79
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		209.37
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		209.66
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		209.37
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		144.79
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		144.79
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		69,392,867.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,690.32
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,753.68
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		144.79
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(39.08)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>105.71</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**101486 - 2015/07**

**Outpatient Rate: 78.84**

**County Billing ONLY**

Type of Control: Proprietary  
 Fiscal Year: 6/1/2013 - 5/31/2014  
 Hospital Classification: Special

**St. Mary's Medical Center**

Type of Action: Unaudited Cost Report

County: Palm Beach (50)  
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	92,631,418.00	50,104,550.00	24,360,747.00	7,828,689.00	Total Bed Days	169,360
2. Routine	57,404,397.00		21,352,152.00		Total Inpatient Days	104,244
3. Special Care	23,392,983.00		9,798,059.00		Total Newborn Days	7,423
4. Newborn Routine	863,730.00		634,162.00		Medicaid Inpatient Days	41,445
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	223
6. Home Health					Medicare Inpatient Days	13,865
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	76,094
9. Total Cost	174,292,528.00	50,104,550.00	56,145,120.00	7,828,689.00	Property Rate Allowance	0.80
10. Charges	1,039,194,398.00	348,428,751.00	304,249,112.00	65,049,952.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	14,837,008.00		4,343,890.34		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,260.63		104.33	County Ceiling Base	1,054.35	202.52
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,114.72	109.06	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.50	209.37	FPLI	1.0251

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	7,828,689.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		7,828,689.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		8,137,765.79
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		76,094
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		106.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		112.90
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.94
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		209.37
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		209.66
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		209.37
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		106.94
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		106.94
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		65,049,952.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		854.86
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		888.61
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		106.94
AU	Medicaid Trend Adjustment (IP%: 27.2260 %, OP%: 26.2788 %)		(28.10)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>78.84</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

<b>101516 - 2015/07</b>
<b>Outpatient Rate: 180.69</b>
<b>County Billing ONLY</b>

Type of Control: Nonprofit (Other)  
 Fiscal Year: 7/1/2013 - 6/30/2014  
 Hospital Classification: Specialized: Children's

**All Children's Hospital**  
 Type of Action: Unaudited Cost Report

County: Pinellas (52)  
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	134,702,314.00	102,358,204.00	51,870,008.00	38,540,207.00	Total Bed Days	94,535
2. Routine	40,102,765.00		15,559,740.00		Total Inpatient Days	68,557
3. Special Care	79,527,527.00		47,617,335.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	38,702
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	190
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(3,662,018.28)	(1,473,808.72)	(1,656,510.06)	(554,922.72)	Medicaid Paid Claims	150,178
9. Total Cost	250,670,587.72	100,884,395.28	113,390,572.94	37,985,284.28	Property Rate Allowance	0.80
10. Charges	761,326,456.00	421,038,348.00	402,173,236.00	108,921,055.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	43,454,961.00		22,955,227.88		Last Rate Semester in Effect	2015/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,562.14	277.34	County Ceiling Base	32,767.00	186.93	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,657.04	215.00	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,565.00	193.25	FPLI	0.9462

Rate Calculations			Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)		Reimbursed by Diagnosis Related Groups	37,985,284.28
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			37,985,284.28
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )			39,409,047.93
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			150,178
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			262.42
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			222.58
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			222.58
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)			193.25
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			193.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			193.25
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			193.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)			193.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			108,921,055.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)			725.28
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)			752.46
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)			193.25
AU	Medicaid Trend Adjustment (IP%: 10.3891 %, OP%: 6.5029 %)			(12.57)
AV				
AW				
AX				
AY	<b>Final Prospective Rates</b>			<b>180.69</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**101567 - 2015/07**

**Outpatient Rate: 60.62**

**County Billing ONLY**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 4/1/2014 - 9/30/2014  
 Hospital Classification: CHEP

**Bayfront Health - St Petersburg**

Type of Action: Unaudited Cost Report

County: Pinellas (52)  
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	43,019,640.00	27,744,526.00	3,583,172.00	926,563.00	Total Bed Days	64,233
2. Routine	23,277,011.00		2,513,863.00		Total Inpatient Days	37,819
3. Special Care	9,964,222.00		1,185,107.00		Total Newborn Days	3,563
4. Newborn Routine	856,020.00		258,509.00		Medicaid Inpatient Days	4,352
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,969
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0295660467
8. Adjustments	(1,468,490.66)	(528,322.34)	(143,592.09)	(17,643.98)	Medicaid Paid Claims	11,381
9. Total Cost	75,648,402.34	27,216,203.66	7,397,058.91	908,919.02	Property Rate Allowance	0.80
10. Charges	537,509,623.00	229,399,519.00	44,610,530.00	9,782,305.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	7,644,589.00		634,461.51		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,690.81		86.90	County Ceiling Base	970.78	186.93
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	966.76	94.39	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,565.00	193.25	FPLI	0.9462

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	908,919.02
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		908,919.02
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		935,792.16
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,381
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		82.22
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		97.72
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		82.22
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)		193.25
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.25
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		82.22
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		82.22
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		9,782,305.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		859.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		884.94
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		82.22
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(21.61)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>60.62</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

<b>101583 - 2015/07</b>
<b>Outpatient Rate: 92.90</b>
<b>County Billing ONLY</b>

Type of Control: Nonprofit (Other)  
 Fiscal Year: 1/1/2013 - 12/31/2013  
 Hospital Classification: CHEP

**Morton F. Plant Hospital**  
 Type of Action: Unaudited Cost Report

County: Pinellas (52)  
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	128,350,347.00	112,159,289.00	16,484,076.00	4,985,163.00	Total Bed Days	189,070
2. Routine	71,257,050.00		7,991,599.00		Total Inpatient Days	109,150
3. Special Care	22,278,531.00		3,576,792.00		Total Newborn Days	4,873
4. Newborn Routine	1,972,923.00		1,346,193.00		Medicaid Inpatient Days	15,026
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	67
6. Home Health					Medicare Inpatient Days	41,563
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(3,707,891.10)	(1,857,752.90)	(486,945.36)	(82,571.86)	Medicaid Paid Claims	32,269
9. Total Cost	220,150,959.90	110,301,536.10	28,911,714.64	4,902,591.14	Property Rate Allowance	0.80
10. Charges	1,074,233,581.00	788,069,371.00	125,603,004.00	32,336,882.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	24,977,135.00		2,920,410.65		Last Rate Semester in Effect	2015/07

Ceiling and Target Information										
	IP (F)		OP (F)		IP (G)		OP (G)		Inflation / FPLI Data (H)	
	1. Normalized Rate	1,908.38	168.37			County Ceiling Base	970.78	186.93		Semester DRI Index
2. Base Rate Semester	2014/07	2014/07			Variable Cost Base	538.90	122.91		Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01			State Ceiling	1,653.98	204.24		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233			County Ceiling	1,565.00	193.25		FPLI	0.9462

Rate Calculations		
Rates are based on Medicaid Costs		
	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	4,902,591.14
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,902,591.14
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )	5,140,696.59
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	32,269
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	159.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	127.24
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	127.24
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)	193.25
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	193.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	193.25
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	127.24
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	127.24
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	32,336,882.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,002.10
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,050.77
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	127.24
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)	(34.34)
AV		
AW		
AX		
AY	<b>Final Prospective Rates</b>	<b>92.90</b>





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

<b>101648 - 2015/07</b>
<b>Outpatient Rate: 76.91</b>
<b>County Billing ONLY</b>

Type of Control: Nonprofit (Other)  
 Fiscal Year: 10/1/2013 - 9/30/2014  
 Hospital Classification: Special

**Lakeland Regional Medical Center**

Type of Action: Unaudited Cost Report

County: Polk (53)  
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	159,573,510.00	173,674,993.00	15,107,050.00	10,964,584.00	Total Bed Days	304,045
2. Routine	136,466,792.00		11,498,373.00		Total Inpatient Days	192,098
3. Special Care	37,764,070.00		4,846,075.00		Total Newborn Days	5,836
4. Newborn Routine	2,087,760.00		837,469.00		Medicaid Inpatient Days	18,868
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	88
6. Home Health					Medicare Inpatient Days	65,836
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(5,024,350.28)	(2,597,869.72)	(482,985.65)	(164,010.72)	Medicaid Paid Claims	104,644
9. Total Cost	330,867,781.72	171,077,123.28	31,805,981.35	10,800,573.28	Property Rate Allowance	0.80
10. Charges	1,734,537,547.00	1,334,960,970.00	139,656,715.00	87,276,109.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	43,291,230.00		3,485,603.98		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,635.40	112.98	County Ceiling Base	916.04	186.26	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	873.77	100.77	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,559.37	192.56	FPLI	0.9428

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	10,800,573.28
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		10,800,573.28
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		11,146,480.74
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		104,644
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		106.52
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		104.32
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		104.32
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9428) for Polk (53)		192.56
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		192.56
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		104.32
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		104.32
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		87,276,109.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		834.03
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		860.74
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		104.32
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(27.41)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>76.91</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

<b>101699 - 2015/07</b>
<b>Outpatient Rate: 67.60</b>
<b>County Billing ONLY</b>

Type of Control: Nonprofit (Other)  
 Fiscal Year: 10/1/2012 - 12/31/2013  
 Hospital Classification: Special

**Winter Haven Hospital**  
 Type of Action: Unaudited Cost Report

County: Polk (53)  
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	91,373,539.00	113,069,496.00	8,805,046.00	4,869,613.00	Total Bed Days	240,839
2. Routine	75,065,250.00		6,309,470.00		Total Inpatient Days	94,413
3. Special Care	19,716,128.00		2,296,886.00		Total Newborn Days	5,390
4. Newborn Routine	2,681,268.00		1,590,348.00		Medicaid Inpatient Days	9,468
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	542
6. Home Health					Medicare Inpatient Days	39,510
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0500972763
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	40,495
9. Total Cost	188,836,185.00	113,069,496.00	19,001,750.00	4,869,613.00	Property Rate Allowance	0.80
10. Charges	869,984,257.00	783,899,085.00	78,646,295.00	35,638,715.00	First Rate Semester in Effect	2014/07
11. Fixed Costs		22,596,062.00		2,042,676.68	Last Rate Semester in Effect	2015/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,887.03	133.94	County Ceiling Base	916.04	186.26	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	685.10	89.44	Cost Report DRI Index	2.0560
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,559.37	192.56	FPLI	0.9428

Rate Calculations			Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)		Reimbursed by Diagnosis Related Groups	4,869,613.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			4,869,613.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )			5,113,567.35
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			40,495
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			126.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			92.59
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			92.59
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9428) for Polk (53)			192.56
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			192.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			192.56
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			92.59
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)			92.59
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			35,638,715.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)			880.08
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)			924.17
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)			92.59
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)			(24.99)
AV				
AW				
AX				
AY	<b>Final Prospective Rates</b>			<b>67.60</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

<b>101711 - 2015/07</b>
<b>Outpatient Rate: 59.41</b>
<b>County Billing ONLY</b>

Type of Control: Nonprofit (Other)  
 Fiscal Year: 10/1/2013 - 9/30/2014  
 Hospital Classification: Special

**Flagler Hospital**

Type of Action: Unaudited Cost Report

County: St Johns (55)  
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	69,337,318.00	56,873,754.00	3,327,346.00	2,726,082.00	Total Bed Days	122,275
2. Routine	54,509,406.00		3,674,963.00		Total Inpatient Days	60,696
3. Special Care	15,604,132.00		1,467,994.00		Total Newborn Days	2,879
4. Newborn Routine	1,170,059.00		451,522.00		Medicaid Inpatient Days	4,831
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	29,563
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(1,856,187.80)	(750,730.20)	(117,767.56)	(35,984.12)	Medicaid Paid Claims	34,118
9. Total Cost	138,764,727.20	56,123,023.80	8,804,057.44	2,690,097.88	Property Rate Allowance	0.80
10. Charges	581,723,509.00	332,681,260.00	32,688,880.00	17,426,788.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	19,628,659.00		1,102,996.30		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,747.37		86.43	County Ceiling Base	1,621.33	186.00
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	973.05	91.82	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,557.22	192.29	FPLI	0.9415

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,690,097.88
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,690,097.88
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,776,253.02
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		34,118
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		81.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		95.06
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		81.37
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9415) for St Johns (55)		192.29
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.55
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		192.29
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		81.37
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		81.37
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		17,426,788.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		510.78
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		527.14
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		81.37
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(21.96)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>59.41</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**101842 - 2015/07**

**Outpatient Rate: 87.07**

**County Billing ONLY**

Type of Control: Government  
 Fiscal Year: 10/1/2013 - 9/30/2014  
 Hospital Classification: CHEP

**Halifax Health Medical Center**

Type of Action: Unaudited Cost Report

County: Volusia (64)  
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	115,388,583.00	116,428,942.00	11,047,580.00	5,958,348.00	Total Bed Days	179,580
2. Routine	67,078,953.00		10,103,816.00		Total Inpatient Days	121,074
3. Special Care	31,113,036.00		2,881,419.00		Total Newborn Days	7,313
4. Newborn Routine	4,724,351.00		2,503,974.00		Medicaid Inpatient Days	18,634
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,786
6. Home Health					Medicare Inpatient Days	38,535
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(3,246,756.01)	(1,731,597.99)	(394,670.34)	(88,615.97)	Medicaid Paid Claims	51,291
9. Total Cost	215,058,166.99	114,697,344.01	26,142,118.66	5,869,732.03	Property Rate Allowance	0.80
10. Charges	736,139,577.00	565,334,202.00	72,340,777.00	27,606,783.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	29,729,090.00		2,921,491.44		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,274.37		128.25	1,105.73	181.93	Semester DRI Index
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	874.89	128.63	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,523.15	188.09	FPLI	0.9209

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,869,732.03
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,869,732.03
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		6,057,720.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		51,291
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		118.10
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		133.16
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		118.10
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9209) for Volusia (64)		188.09
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		188.34
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		188.09
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		118.10
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		118.10
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		27,606,783.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		538.24
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		555.48
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		118.10
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(31.04)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>87.07</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**102130 - 2015/07**

**Outpatient Rate: 89.56**

**County Billing ONLY**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2013 - 12/31/2013  
 Hospital Classification: CHEP

**Wellington Regional Medical Center**

Type of Action: Unaudited Cost Report

County: Palm Beach (50)  
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	46,349,203.00	33,277,666.00	6,072,195.00	2,942,267.00	Total Bed Days	78,753
2. Routine	30,648,892.00		3,749,334.00		Total Inpatient Days	49,912
3. Special Care	11,174,586.00		3,510,872.00		Total Newborn Days	4,118
4. Newborn Routine	1,617,611.00		717,271.00		Medicaid Inpatient Days	8,547
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,826
6. Home Health					Medicare Inpatient Days	10,891
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	22,086
9. Total Cost	89,790,292.00	33,277,666.00	14,049,672.00	2,942,267.00	Property Rate Allowance	0.80
10. Charges	533,257,018.00	280,974,324.00	74,218,493.00	23,182,052.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		17,176,388.00		2,390,602.64	Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,149.71		136.27	County Ceiling Base	1,054.35	202.52
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	975.29	118.49	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.50	209.37	FPLI	1.0251

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,942,267.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,942,267.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		3,085,164.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,086
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		139.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		122.66
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		122.66
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		209.37
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		209.66
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		209.37
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		122.66
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		122.66
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		23,182,052.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,049.63
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,100.60
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		122.66
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(33.11)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>89.56</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

<b>102229 - 2015/07</b>
<b>Outpatient Rate: 80.68</b>
<b>County Billing ONLY</b>

Type of Control: Government  
 Fiscal Year: 5/1/2013 - 4/30/2014  
 Hospital Classification: Special-Public

**Memorial Hospital Pembroke**

Type of Action: Unaudited Cost Report

County: Broward (6)  
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,417,084.00	53,675,760.00	4,191,940.00	3,760,004.00	Total Bed Days	109,865
2. Routine	26,643,053.00		2,737,982.00		Total Inpatient Days	24,809
3. Special Care	9,867,847.00		1,403,259.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	3,387
5. Intern-Resident	585,950.00		60,204.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,408
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0419884170
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	26,742
9. Total Cost	66,513,934.00	53,675,760.00	8,393,385.00	3,760,004.00	Property Rate Allowance	0.80
10. Charges	321,875,884.00	368,790,481.00	44,354,333.00	20,515,626.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		17,433,866.00		2,402,377.86	Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,703.41		135.40	County Ceiling Base	1,014.06	213.76
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	989.63	106.75	Cost Report DRI Index	2.0720
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,760,004.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,760,004.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		3,917,880.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		26,742
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		146.51
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		110.51
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		110.51
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		220.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		221.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		220.99
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		110.51
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		110.51
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		20,515,626.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		767.17
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		799.38
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		110.51
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(29.83)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>80.68</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**102261 - 2015/07**

**Outpatient Rate: 151.13**

**County Billing ONLY**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 10/1/2013 - 9/30/2014  
 Hospital Classification: Special

**Homestead Hospital**

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	47,667,431.00	94,153,997.00	11,961,979.00	13,675,981.00	Total Bed Days	51,830
2. Routine	55,500,093.00		12,009,590.00		Total Inpatient Days	32,393
3. Special Care	16,497,381.00		2,242,425.00		Total Newborn Days	4,608
4. Newborn Routine	3,282,632.00		2,070,176.00		Medicaid Inpatient Days	6,343
5. Intern-Resident	969,505.00		146,647.00		Medicaid Newborn IP Days	75
6. Home Health					Medicare Inpatient Days	5,041
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(1,248,817.80)	(948,870.20)	(286,521.61)	(137,824.53)	Medicaid Paid Claims	52,749
9. Total Cost	122,668,224.20	93,205,126.80	28,144,295.39	13,538,156.47	Property Rate Allowance	0.80
10. Charges	422,423,354.00	452,517,807.00	75,736,775.00	53,579,386.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		20,789,766.00		3,727,421.35	Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	3,259.14		219.87	County Ceiling Base	1,051.21	230.71
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	2,326.23	199.95	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	13,538,156.47
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		13,538,156.47
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		13,971,739.87
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		52,749
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		264.87
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		206.99
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		206.99
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		206.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		206.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		53,579,386.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,015.74
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,048.27
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		206.99
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(55.87)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>151.13</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

<b>102288 - 2015/07</b>
<b>Outpatient Rate: 59.10</b>
<b>County Billing ONLY</b>

Type of Control: Proprietary  
 Fiscal Year: 7/1/2013 - 6/30/2014  
 Hospital Classification: Special

**Heart Of Florida Hospital**  
 Type of Action: Unaudited Cost Report

County: Polk (53)  
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	37,895,564.00	35,217,624.00	4,843,260.00	2,747,984.00	Total Bed Days	70,445
2. Routine	20,633,845.00		2,054,208.00		Total Inpatient Days	35,055
3. Special Care	5,989,914.00		196,323.00		Total Newborn Days	2,329
4. Newborn Routine	2,377,724.00		1,923,413.00		Medicaid Inpatient Days	3,574
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	67
6. Home Health					Medicare Inpatient Days	13,548
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(1,181,606.19)	(622,050.81)	(159,271.37)	(48,537.79)	Medicaid Paid Claims	34,157
9. Total Cost	65,715,440.81	34,595,573.19	8,857,932.63	2,699,446.21	Property Rate Allowance	0.80
10. Charges	700,543,312.00	528,659,084.00	67,203,907.00	42,541,686.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	9,078,479.00		870,908.69		Last Rate Semester in Effect	2015/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,413.93	86.97	County Ceiling Base	916.04	186.26	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	695.89	78.20	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,559.37	192.56	FPLI	0.9428

Rate Calculations		
	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	2,699,446.21
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,699,446.21
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )	2,800,626.80
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	34,157
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	81.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	80.96
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	80.96
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9428) for Polk (53)	192.56
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	192.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	192.56
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	80.96
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	80.96
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	42,541,686.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,245.47
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,292.16
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	80.96
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)	(21.85)
AV		
AW		
AX		
AY	<b>Final Prospective Rates</b>	<b>59.10</b>





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**104604 - 2015/07**

**Outpatient Rate: 77.98**

**County Billing ONLY**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2013 - 12/31/2013  
 Hospital Classification: CHEP

**Palmetto General Hospital**

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	90,055,314.00	46,141,018.00	16,022,593.00	7,262,387.00	Total Bed Days	135,050
2. Routine	50,289,940.00		8,005,949.00		Total Inpatient Days	97,448
3. Special Care	25,934,905.00		5,625,325.00		Total Newborn Days	3,250
4. Newborn Routine	935,507.00		674,433.00		Medicaid Inpatient Days	18,664
5. Intern-Resident	0.00		1,299,848.00		Medicaid Newborn IP Days	145
6. Home Health					Medicare Inpatient Days	23,459
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	71,294
9. Total Cost	167,215,666.00	46,141,018.00	31,628,148.00	7,262,387.00	Property Rate Allowance	0.80
10. Charges	1,166,826,520.00	434,491,025.00	210,991,048.00	74,017,091.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		14,321,877.00		2,589,749.02	Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,343.77		88.66	County Ceiling Base	1,051.21	230.71
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	801.24	116.54	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	7,262,387.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		7,262,387.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		7,615,101.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		71,294
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		106.81
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		120.65
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.81
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		106.81
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		106.81
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		74,017,091.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,038.20
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,088.62
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		106.81
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(28.83)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>77.98</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**108219 - 2015/07**

**Outpatient Rate: 99.28**

**County Billing ONLY**

Type of Control: Government  
 Fiscal Year: 7/1/2013 - 6/30/2014  
 Hospital Classification: Special

**Broward Health Imperial Point**

Type of Action: Unaudited Cost Report

County: Broward (6)  
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,992,875.00	42,115,991.00	2,827,513.00	1,611,086.00	Total Bed Days	67,525
2. Routine	30,597,060.00		2,161,226.00		Total Inpatient Days	35,831
3. Special Care	4,428,618.00		548,589.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,118
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,202
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(686,229.49)	(444,507.51)	(58,442.98)	(17,003.99)	Medicaid Paid Claims	11,289
9. Total Cost	64,332,323.51	41,671,483.49	5,478,885.02	1,594,082.01	Property Rate Allowance	0.80
10. Charges	197,429,809.00	218,600,373.00	20,215,319.00	7,659,171.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		8,249,114.00		844,646.87	Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,079.06		135.40	County Ceiling Base	1,014.06	213.76
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	726.14	131.36	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,594,082.01
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,594,082.01
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,653,831.36
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,289
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		146.50
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		135.99
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		135.99
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		220.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		221.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		220.99
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		135.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		135.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		7,659,171.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		678.46
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		703.89
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		135.99
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(36.70)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>99.28</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**109606 - 2015/07**

**Outpatient Rate: 102.13**

**County Billing ONLY**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2013 - 12/31/2013  
 Hospital Classification: Special

**Coral Gables Hospital**

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	28,148,160.00	18,372,202.00	2,148,766.00	1,853,784.00	Total Bed Days	89,425
2. Routine	15,304,623.00		1,653,370.00		Total Inpatient Days	25,141
3. Special Care	6,864,888.00		794,740.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,910
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,549
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	13,896
9. Total Cost	50,317,671.00	18,372,202.00	4,596,876.00	1,853,784.00	Property Rate Allowance	0.80
10. Charges	377,226,107.00	190,455,163.00	41,909,952.00	17,595,550.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	4,694,901.00		521,605.14		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,218.94		116.11	County Ceiling Base	1,051.21	230.71
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	841.45	142.94	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,853,784.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,853,784.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,943,817.22
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,896
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		139.88
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		147.98
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		139.88
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		139.88
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		139.88
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		17,595,550.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,266.23
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,327.73
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		139.88
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(37.76)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>102.13</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

<b>115193 - 2015/07</b>
<b>Outpatient Rate: 73.33</b>
<b>County Billing ONLY</b>

Type of Control: Proprietary  
 Fiscal Year: 10/1/2013 - 9/30/2014  
 Hospital Classification: CHEP

**Northside Hospital**  
 Type of Action: Unaudited Cost Report

County: Pinellas (52)  
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	46,154,290.00	29,190,326.00	3,418,231.00	855,069.00	Total Bed Days	78,980
2. Routine	28,105,790.00		1,584,682.00		Total Inpatient Days	44,289
3. Special Care	14,728,022.00		1,311,059.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,988
5. Intern-Resident	0.00		219,240.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	17,494
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(1,404,831.94)	(460,820.06)	(103,138.11)	(13,498.75)	Medicaid Paid Claims	8,647
9. Total Cost	87,583,270.06	28,729,505.94	6,430,073.89	841,570.25	Property Rate Allowance	0.80
10. Charges	831,198,048.00	388,165,993.00	52,032,793.00	16,629,853.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	9,074,813.00		568,081.06		Last Rate Semester in Effect	2015/07

Ceiling and Target Information										
	IP (F)		OP (F)		IP (G)		OP (G)		Inflation / FPLI Data (H)	
	1. Normalized Rate	2,139.80	106.15			County Ceiling Base	970.78	186.93	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07			Variable Cost Base	639.21	107.59	Cost Report DRI Index	2.0920	
3. Ultimate Base Rate Semester	1991/01	1993/01			State Ceiling	1,653.98	204.24	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.015955	1.035233			County Ceiling	1,565.00	193.25	FPLI	0.9462	

Rate Calculations			Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)		Reimbursed by Diagnosis Related Groups	841,570.25
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			841,570.25
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )			868,523.02
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			8,647
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			100.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			111.38
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			100.44
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)			193.25
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			193.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			193.25
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			100.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)			100.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			16,629,853.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)			1,923.19
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)			1,984.79
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)			100.44
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)			(27.11)
AV				
AW				
AX				
AY	<b>Final Prospective Rates</b>			<b>73.33</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

<b>116483 - 2015/07</b>
<b>Outpatient Rate: 155.51</b>
<b>County Billing ONLY</b>

Type of Control: Nonprofit (Other)

Fiscal Year: 6/1/2013 - 5/31/2014

Hospital Classification: Specialized: Eye

**Anne Bates Leach Eye Hospital**

Type of Action: Unaudited Cost Report

County: Dade (13)

District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	737,478.00	89,909,015.00	22,861.00	8,217,938.00	Total Bed Days	20,440
2. Routine	5,508,534.00		196,733.00		Total Inpatient Days	264
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	13
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	85
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	(69,504.77)	(1,000,495.23)	(2,443.61)	(91,448.09)	Medicaid Paid Claims	26,482
9. Total Cost	6,176,507.23	88,908,519.77	217,150.39	8,126,489.91	Property Rate Allowance	0.80
10. Charges	4,470,134.00	359,681,591.00	137,029.00	38,864,203.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	3,828,549.00		0.00		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	7,674.03	264.78	County Ceiling Base	32,767.00	230.71	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,567.48	205.75	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	<b>Reimbursed by Diagnosis Related Groups</b>	8,126,489.91
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		8,126,489.91
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		8,447,323.89
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		26,482
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		318.98
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		213.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		213.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		213.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	213.00	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		38,864,203.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,467.57
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		1,525.51
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		213.00
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(57.49)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>155.51</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**117617 - 2015/07**

**Outpatient Rate: 69.41**

**County Billing ONLY**

Type of Control: Proprietary  
 Fiscal Year: 2/1/2013 - 1/31/2014  
 Hospital Classification: Special

**Gulf Coast Regional Medical Center**

Type of Action: Unaudited Cost Report

County: Bay (3)  
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	44,066,181.00	41,792,545.00	6,072,148.00	4,426,760.00	Total Bed Days	71,540
2. Routine	24,515,977.00		4,159,032.00		Total Inpatient Days	43,296
3. Special Care	9,477,102.00		3,042,274.00		Total Newborn Days	3,780
4. Newborn Routine	1,565,484.00		908,645.00		Medicaid Inpatient Days	9,315
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,765
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0470417071
8. Adjustments	(1,517,373.81)	(796,422.19)	(270,262.04)	(84,358.82)	Medicaid Paid Claims	46,501
9. Total Cost	78,107,370.19	40,996,122.81	13,911,836.96	4,342,401.18	Property Rate Allowance	0.80
10. Charges	704,902,060.00	540,605,700.00	100,639,283.00	59,247,852.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	8,881,161.00		1,267,968.60		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,586.36	109.14	County Ceiling Base	958.47	172.14	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	716.46	91.83	Cost Report DRI Index	2.0620
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,481.80	182.98	FPLI	0.8959

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,342,401.18
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,342,401.18
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		4,546,675.14
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		46,501
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		97.78
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		95.07
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		95.07
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8959) for Bay (3)		182.98
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		178.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		178.21
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		95.07
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		95.07
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		59,247,852.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,274.12
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,334.06
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		95.07
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(25.66)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>69.41</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

<b>118079 - 2015/07</b>
<b>Outpatient Rate: 75.71</b>
<b>County Billing ONLY</b>

Type of Control: Proprietary  
 Fiscal Year: 1/1/2013 - 12/31/2013  
 Hospital Classification: Special

**Brandon Regional Hospital**

Type of Action: Unaudited Cost Report

County: Hillsborough (29)  
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	78,239,960.00	74,895,159.00	9,258,254.00	5,408,060.00	Total Bed Days	145,270
2. Routine	61,610,383.00		6,062,855.00		Total Inpatient Days	101,521
3. Special Care	24,787,261.00		4,255,973.00		Total Newborn Days	6,254
4. Newborn Routine	2,132,095.00		1,046,965.00		Medicaid Inpatient Days	13,025
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	29
6. Home Health					Medicare Inpatient Days	29,039
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(3,113,487.53)	(1,398,246.47)	(385,038.25)	(100,965.15)	Medicaid Paid Claims	53,665
9. Total Cost	163,656,211.47	73,496,912.53	20,239,008.75	5,307,094.85	Property Rate Allowance	0.80
10. Charges	1,510,111,015.00	984,086,194.00	127,747,904.00	79,308,167.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	18,878,034.00		1,596,988.07		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,601.70	110.92	County Ceiling Base	972.81	184.70	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	905.27	106.87	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,546.31	190.95	FPLI	0.9349

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,307,094.85
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,307,094.85
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		5,564,845.94
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		53,665
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		103.70
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		110.64
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		103.70
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9349) for Hillsborough (29)		190.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		191.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		190.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		103.70
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		103.70
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		79,308,167.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,477.84
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,549.61
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		103.70
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(27.99)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>75.71</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

119695 - 2015/07

Outpatient Rate: 81.11

County Billing ONLY

Lawnwood Regional Medical Center & Heart

Institute

County: St Lucie (56)

District: 9

Type of Control: Proprietary

Fiscal Year: 10/1/2013 - 9/30/2014

Type of Action: Unaudited Cost Report

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	78,469,967.00	39,801,528.00	12,498,657.00	4,546,746.00	Total Bed Days	135,050
2. Routine	61,400,104.00		8,193,392.00		Total Inpatient Days	101,600
3. Special Care	22,028,887.00		5,542,788.00		Total Newborn Days	2,112
4. Newborn Routine	961,369.00		681,419.00		Medicaid Inpatient Days	16,508
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	71
6. Home Health					Medicare Inpatient Days	37,168
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(3,195,267.71)	(780,893.29)	(528,088.36)	(89,205.71)	Medicaid Paid Claims	40,755
9. Total Cost	159,665,059.29	39,020,634.71	26,388,167.64	4,457,540.29	Property Rate Allowance	0.80
10. Charges	1,572,766,016.00	478,959,672.00	221,194,269.00	60,389,647.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	15,448,896.00		2,172,737.22		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,470.33		110.10	1,021.09	192.96	Semester DRI Index
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	889.12	107.31	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.66	209.39	FPLI	1.0252

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,457,540.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,457,540.29
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		4,600,300.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		40,755
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.88
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		111.09
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		111.09
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0252) for St Lucie (56)		209.39
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.76
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		199.76
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		111.09
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		111.09
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		60,389,647.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,481.77
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,529.23
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		111.09
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(29.98)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>81.11</b>





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**119741 - 2015/07**

**Outpatient Rate: 80.61**

**County Billing ONLY**

Type of Control: Proprietary

Fiscal Year: 3/1/2013 - 2/28/2014

Hospital Classification: Statutory Teaching

**Largo Medical Center**

Type of Action: Unaudited Cost Report

County: Pinellas (52)

District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	85,870,359.00	41,069,901.00	2,810,017.00	1,423,691.00	Total Bed Days	123,735
2. Routine	55,169,845.00		2,530,764.00		Total Inpatient Days	92,235
3. Special Care	14,682,645.00		757,865.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,464
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	42,514
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0455205811
8. Adjustments	(2,425,663.43)	(639,737.57)	(94,997.38)	(22,176.55)	Medicaid Paid Claims	13,272
9. Total Cost	153,297,185.57	40,430,163.43	6,003,648.62	1,401,514.45	Property Rate Allowance	0.80
10. Charges	1,291,696,197.00	452,956,785.00	50,242,530.00	18,625,801.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	15,067,370.00		586,068.76		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,341.01		116.68	970.78	186.93	Semester DRI Index
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,156.87	112.05	Cost Report DRI Index	2.0650
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,565.00	193.25	FPLI	0.9462

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,401,514.45
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,401,514.45
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,465,312.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,272
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		110.41
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		116.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		110.41
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)		193.25
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.25
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		110.41
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		110.41
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		18,625,801.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,403.39
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,467.27
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		110.41
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(29.80)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>80.61</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

<b>119971 - 2015/07</b>
<b>Outpatient Rate: 79.56</b>
<b>County Billing ONLY</b>

Type of Control: Proprietary  
 Fiscal Year: 10/1/2013 - 9/30/2014  
 Hospital Classification: CHEP

**St. Lucie Medical Center**  
 Type of Action: Unaudited Cost Report

County: St Lucie (56)  
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	52,591,003.00	25,392,310.00	4,495,199.00	1,730,404.00	Total Bed Days	83,585
2. Routine	36,991,402.00		2,764,652.00		Total Inpatient Days	56,469
3. Special Care	6,692,564.00		503,032.00		Total Newborn Days	1,861
4. Newborn Routine	638,521.00		465,943.00		Medicaid Inpatient Days	4,562
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	110
6. Home Health					Medicare Inpatient Days	27,474
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(1,847,489.22)	(484,060.78)	(156,868.43)	(32,987.18)	Medicaid Paid Claims	15,570
9. Total Cost	95,066,000.78	24,908,249.22	8,071,957.57	1,697,416.82	Property Rate Allowance	0.80
10. Charges	893,061,424.00	283,314,698.00	59,902,385.00	20,863,106.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	11,258,100.00		755,140.71		Last Rate Semester in Effect	2015/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,576.53	109.74	County Ceiling Base	1,021.09	192.96	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	825.86	105.27	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.66	209.39	FPLI	1.0252

Rate Calculations			Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)		Reimbursed by Diagnosis Related Groups	1,697,416.82
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			1,697,416.82
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )			1,751,779.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			15,570
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			112.51
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			108.98
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			108.98
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0252) for St Lucie (56)			209.39
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			199.76
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			199.76
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			108.98
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)			108.98
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			20,863,106.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)			1,339.96
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)			1,382.87
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)			108.98
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)			(29.41)
AV				
AW				
AX				
AY	<b>Final Prospective Rates</b>			<b>79.56</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

<b>120006 - 2015/07</b>
<b>Outpatient Rate: 68.25</b>
<b>County Billing ONLY</b>

Type of Control: Proprietary  
 Fiscal Year: 9/1/2013 - 8/31/2014  
 Hospital Classification: Special

**Plantation General Hospital**

Type of Action: Unaudited Cost Report

County: Broward (6)  
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	105,952,210.00	75,089,564.00	14,765,509.00	6,631,647.00	Total Bed Days	239,075
2. Routine	80,833,398.00		9,064,784.00		Total Inpatient Days	120,905
3. Special Care	29,001,887.00		8,326,076.00		Total Newborn Days	8,423
4. Newborn Routine	1,498,452.00		617,135.00		Medicaid Inpatient Days	21,215
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	45
6. Home Health					Medicare Inpatient Days	25,801
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0335088559
8. Adjustments	(3,619,221.37)	(1,250,728.63)	(545,891.57)	(110,459.97)	Medicaid Paid Claims	71,939
9. Total Cost	213,666,725.63	73,838,835.37	32,227,612.43	6,521,187.03	Property Rate Allowance	0.80
10. Charges	1,675,952,861.00	855,521,461.00	232,985,683.00	73,565,189.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	21,111,842.00		2,934,901.72		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,316.08	86.59	County Ceiling Base	1,014.06	213.76	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,010.28	90.30	Cost Report DRI Index	2.0890
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	6,521,187.03
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,521,187.03
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		6,739,704.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		71,939
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		93.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		93.48
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		93.48
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		220.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		221.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		220.99
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		93.48
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		93.48
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		73,565,189.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,022.61
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,056.87
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		93.48
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(25.23)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>68.25</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

<b>120057 - 2015/07</b>
<b>Outpatient Rate: 108.82</b>
<b>County Billing ONLY</b>

Type of Control: Proprietary  
 Fiscal Year: 1/1/2013 - 12/31/2013  
 Hospital Classification: Special

**Healthsouth Larkin Hospital-Miami**

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	22,791,884.00	14,550,375.00	1,282,869.00	979,837.00	Total Bed Days	47,450
2. Routine	17,436,303.00		1,314,842.00		Total Inpatient Days	30,359
3. Special Care	1,822,648.00		188,907.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,438
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,715
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	5,080
9. Total Cost	42,050,835.00	14,550,375.00	2,786,618.00	979,837.00	Property Rate Allowance	0.80
10. Charges	182,390,041.00	92,209,275.00	14,516,681.00	4,342,805.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		8,794,248.00		699,946.62	Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	744.97	167.88	County Ceiling Base	1,051.21	230.71	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	673.85	143.98	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	979,837.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		979,837.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,027,425.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,080
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		202.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		149.05
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		149.05
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		149.05
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		149.05
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		4,342,805.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		854.88
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		896.40
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		149.05
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(40.23)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>108.82</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**120103 - 2015/07**

**Outpatient Rate: 88.27**

**County Billing ONLY**

Type of Control: Proprietary  
 Fiscal Year: 5/1/2013 - 4/30/2014  
 Hospital Classification: CHEP

**St. Petersburg General Hospital**

Type of Action: Unaudited Cost Report

County: Pinellas (52)  
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	23,996,946.00	28,027,182.00	3,890,719.00	2,123,313.00	Total Bed Days	78,475
2. Routine	17,108,058.00		1,982,055.00		Total Inpatient Days	25,499
3. Special Care	6,611,899.00		650,014.00		Total Newborn Days	1,890
4. Newborn Routine	1,952,721.00		1,272,890.00		Medicaid Inpatient Days	3,155
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	210
6. Home Health					Medicare Inpatient Days	9,637
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0419884170
8. Adjustments	(654,163.05)	(369,125.95)	(102,671.29)	(27,964.64)	Medicaid Paid Claims	17,709
9. Total Cost	49,015,460.95	27,658,056.05	7,693,006.71	2,095,348.36	Property Rate Allowance	0.80
10. Charges	447,281,259.00	367,405,796.00	48,534,340.00	37,872,789.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	6,199,066.00		672,658.58		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,297.49		130.30	970.78	186.93	Semester DRI Index
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	907.28	116.79	Cost Report DRI Index	2.0720
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,565.00	193.25	FPLI	0.9462

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,095,348.36
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,095,348.36
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,183,328.73
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,709
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		123.29
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		120.90
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		120.90
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)		193.25
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.25
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		120.90
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		120.90
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		37,872,789.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,138.62
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,228.42
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		120.90
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(32.63)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>88.27</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**120138 - 2015/07**

**Outpatient Rate: 79.10**

**County Billing ONLY**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2013 - 12/31/2013  
 Hospital Classification: Special

**Kendall Regional Medical Center**

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	93,500,205.00	52,694,859.00	17,328,699.00	5,614,084.00	Total Bed Days	151,055
2. Routine	56,617,973.00		7,970,095.00		Total Inpatient Days	95,488
3. Special Care	27,253,023.00		6,462,843.00		Total Newborn Days	3,138
4. Newborn Routine	2,133,059.00		1,516,522.00		Medicaid Inpatient Days	16,626
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	3
6. Home Health					Medicare Inpatient Days	18,068
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(3,199,014.61)	(939,095.39)	(593,062.90)	(100,050.75)	Medicaid Paid Claims	53,369
9. Total Cost	176,305,245.39	51,755,763.61	32,685,096.10	5,514,033.25	Property Rate Allowance	0.80
10. Charges	1,648,081,348.00	576,754,708.00	236,713,537.00	83,010,332.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	25,028,106.00		3,594,780.99		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,522.65		89.93	County Ceiling Base	1,051.21	230.71
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,028.81	106.99	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,514,033.25
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,514,033.25
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		5,781,834.76
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		53,369
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		108.34
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		110.76
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		108.34
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		108.34
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		108.34
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		83,010,332.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,555.40
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,630.95
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		108.34
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(29.24)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>79.10</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**120227 - 2015/07**

**Outpatient Rate: 102.50**

**County Billing ONLY**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 1/1/2013 - 12/31/2013  
 Hospital Classification: Special

**St Antonys Hospital**

Type of Action: Unaudited Cost Report

County: Pinellas (52)  
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	61,213,581.00	53,286,130.00	11,104,589.00	3,018,692.00	Total Bed Days	112,785
2. Routine	64,406,284.00		9,156,731.00		Total Inpatient Days	80,309
3. Special Care	12,552,235.00		1,957,876.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	13,250
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	35,211
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(1,877,090.31)	(723,900.69)	(301,851.37)	(41,009.42)	Medicaid Paid Claims	18,888
9. Total Cost	136,295,009.69	52,562,229.31	21,917,344.63	2,977,682.58	Property Rate Allowance	0.80
10. Charges	631,411,671.00	403,988,448.00	113,267,637.00	20,427,729.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	15,168,019.00		2,720,959.64		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,605.52		174.71	County Ceiling Base	970.78	186.93
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	749.75	135.61	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,565.00	193.25	FPLI	0.9462

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,977,682.58
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,977,682.58
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		3,122,300.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,888
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		165.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		140.39
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		140.39
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)		193.25
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.25
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		140.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		140.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		20,427,729.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,081.52
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,134.05
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		140.39
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(37.89)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>102.50</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**120260 - 2015/07**

**Outpatient Rate: 71.67**

**County Billing ONLY**

Type of Control: Proprietary  
 Fiscal Year: 6/1/2013 - 5/31/2014  
 Hospital Classification: CHEP

**Palms West Hospital**  
 Type of Action: Unaudited Cost Report

County: Palm Beach (50)  
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	47,464,340.00	34,501,339.00	8,746,281.00	4,513,054.00	Total Bed Days	74,460
2. Routine	36,571,655.00		7,045,690.00		Total Inpatient Days	53,117
3. Special Care	6,393,184.00		723,663.00		Total Newborn Days	2,926
4. Newborn Routine	756,989.00		454,553.00		Medicaid Inpatient Days	10,111
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	235
6. Home Health					Medicare Inpatient Days	11,508
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	(1,400,193.59)	(529,779.41)	(260,582.80)	(69,299.43)	Medicaid Paid Claims	36,165
9. Total Cost	89,785,974.41	33,971,559.59	16,709,604.20	4,443,754.57	Property Rate Allowance	0.80
10. Charges	685,170,727.00	331,025,533.00	104,872,722.00	41,149,431.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		12,225,484.00		1,871,241.33	Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,454.33		124.60	County Ceiling Base	1,054.35	202.52
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	905.47	94.83	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.50	209.37	FPLI	1.0251

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,443,754.57
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,443,754.57
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		4,619,194.09
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		36,165
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		127.73
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		98.17
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		98.17
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		209.37
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		209.66
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		209.37
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		98.17
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	98.17	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	41,149,431.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,137.82	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,182.75	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	98.17	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)	(26.50)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>71.67</b>





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

**120308 - 2015/07**

**Outpatient Rate: 54.65**

**County Billing ONLY**

Type of Control: Proprietary  
 Fiscal Year: 7/1/2013 - 6/30/2014  
 Hospital Classification: CHEP

**West Palm Hospital**  
 Type of Action: Unaudited Cost Report

County: Palm Beach (50)  
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	19,262,997.00	20,360,000.00	1,324,792.00	766,315.00	Total Bed Days	85,045
2. Routine	26,371,738.00		2,719,801.00		Total Inpatient Days	41,426
3. Special Care	3,448,897.00		189,261.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,334
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,311
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(660,367.92)	(273,922.08)	(56,961.99)	(10,309.95)	Medicaid Paid Claims	7,782
9. Total Cost	48,423,264.08	20,086,077.92	4,176,892.01	756,005.05	Property Rate Allowance	0.80
10. Charges	370,871,021.00	214,763,078.00	30,844,984.00	8,083,005.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	6,689,115.00		556,327.22		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	845.48	98.32	County Ceiling Base	1,054.35	202.52	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	607.04	72.30	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.50	209.37	FPLI	1.0251

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	756,005.05
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		756,005.05
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		784,341.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,782
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		100.79
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		74.85
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		74.85
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		209.37
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		209.66
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		209.37
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		74.85
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		74.85
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		8,083,005.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,038.68
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,077.61
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		74.85
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(20.20)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>54.65</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

120324 - 2015/07

Outpatient Rate: 139.41

County Billing ONLY

H Lee Moffitt Cancer Center & Research Institute

Type of Control: Nonprofit (Other)

Hospital

County: Hillsborough (29)

Fiscal Year: 7/1/2013 - 6/30/2014

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: Specialized/Statutory Teaching

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	87,747,676.00	375,092,117.00	8,877,111.00	17,797,490.00	Total Bed Days	75,190
2. Routine	52,417,605.00		4,204,995.00		Total Inpatient Days	59,578
3. Special Care	10,800,239.00		706,136.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,444
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	19,471
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	38,192
9. Total Cost	150,965,520.00	375,092,117.00	13,788,242.00	17,797,490.00	Property Rate Allowance	0.80
10. Charges	512,482,028.00	1,552,577,197.00	38,240,028.00	77,296,793.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	43,104,716.00		3,216,357.76		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,639.94	517.13	County Ceiling Base	32,767.00	184.70	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,950.86	303.20	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,546.31	190.95	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	17,797,490.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		17,797,490.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		18,464,575.16
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		38,192
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		483.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		313.88
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		313.88
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9349) for Hillsborough (29)		190.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		191.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		190.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		190.95
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		190.95
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		77,296,793.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,023.90
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,099.76
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		190.95
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(51.54)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>139.41</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2015 through June 30, 2016

<b>120405 - 2015/07</b>
<b>Outpatient Rate: 85.41</b>
<b>County Billing ONLY</b>

Type of Control: Government  
 Fiscal Year: 7/1/2013 - 6/30/2014  
 Hospital Classification: Special-Public

**Broward Health Coral Springs**

Type of Action: Unaudited Cost Report

County: Broward (6)  
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	42,382,704.00	51,356,003.00	9,901,481.00	6,160,628.00	Total Bed Days	72,095
2. Routine	25,689,059.00		5,515,053.00		Total Inpatient Days	49,875
3. Special Care	18,345,223.00		3,594,387.00		Total Newborn Days	4,805
4. Newborn Routine	343,494.00		213,612.00		Medicaid Inpatient Days	10,872
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	41
6. Home Health					Medicare Inpatient Days	8,810
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(1,093,300.34)	(647,155.66)	(242,255.33)	(77,632.31)	Medicaid Paid Claims	53,731
9. Total Cost	85,667,179.66	50,708,847.34	18,982,277.67	6,082,995.69	Property Rate Allowance	0.80
10. Charges	334,417,392.00	293,103,580.00	60,347,108.00	30,068,927.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	9,494,271.00		1,713,283.49		Last Rate Semester in Effect	2015/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,517.32	108.55	County Ceiling Base	1,014.06	213.76	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,140.84	113.01	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	6,082,995.69
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,082,995.69
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		6,310,998.41
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		53,731
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		117.46
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		116.99
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		116.99
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		220.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		221.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		220.99
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		116.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		116.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		30,068,927.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		559.62
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		580.60
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		116.99
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(31.58)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>85.41</b>