



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

004170 - 2016/07

Medicaid Reimbursement Rate Change Form

Kindred Hospital The Palm Beaches
 5555 W. Blue Heron Blvd
 Riviera Beach, FL 33418-7813

Provider Number: 0004170-00
 Date: 7/29/2016
 Fiscal Year End: 8/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		<u>X</u> Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

009496 - 2016/07

Medicaid Reimbursement Rate Change Form

Florida Hospital at Connerton Long
 Term Acute Care Hospital
 9441 Health Center Drive
 Land O' Lakes, FL 34637-

Provider Number: 0009496-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

016815 - 2016/07

Medicaid Reimbursement Rate Change Form

Kindred Hospital Melbourne
 765 W Nasa Blvd
 Melbourne, FL 32901-

Provider Number: 0016815-00
 Date: 7/29/2016
 Fiscal Year End: 8/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

020127 - 2016/07

Medicaid Reimbursement Rate Change Form

Sacred Heart Hospital on the Gulf
 3801 E Hwy 98
 Port St. Joe, FL 32456-

Provider Number: 0020127-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	146.06	160.53	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

025766 - 2016/07

Medicaid Reimbursement Rate Change Form

Shriners Hospital for Children-Tampa
 12502 USF Pine Dr
 Tampa, FL 33612-

Provider Number: 0025766-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	387.72	409.77	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

031588 - 2016/07

Medicaid Reimbursement Rate Change Form

Viera Hospital
 8745 Wickham Rd
 Melbourne, FL 32940-

Provider Number: 0031588-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	98.77	106.18	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

032265 - 2016/07

Medicaid Reimbursement Rate Change Form

West Kendall Baptist Hospital
 9555 S.W. 162nd Court
 Miami, FL 33196-4930

Provider Number: 0032265-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	142.04	152.70	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- _____ Budget
- X _____ Unaudited Costs
- _____ Field Audited Costs
- _____ Revised Field Audit
- _____ Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

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Florida Agency For Health Care Administration
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032975 - 2016/07

Medicaid Reimbursement Rate Change Form

Palm Bay Hospital
 1425 Malabar Road N.E.
 Palm Bay, FL 32907-

Provider Number: 0032975-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	55.44	59.60	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

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Florida Agency For Health Care Administration
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 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

040876 - 2016/07

Medicaid Reimbursement Rate Change Form

Nemours Children's Hospital
 13535 Nemours Parkway
 Orlando, FL 32827-

Provider Number: 0040876-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	372.49	241.77	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
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 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

054568 - 2016/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Wesley Chapel
 2600 Bruce B Downs
 Wesley Chapel, FL 33544-

Provider Number: 0054568-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	75.36	81.02	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

	Budget
X	Unaudited Costs
	Field Audited Costs
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

083692 - 2016/07

Medicaid Reimbursement Rate Change Form

Healthsouth Rehabilitation Hospital of
 Ocala
 3660 Grandview Parkway Suite 200
 Birmingham, AL 35243-

Provider Number: 0083692-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

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Florida Agency For Health Care Administration
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 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

092683 - 2016/07

Medicaid Reimbursement Rate Change Form

Poinciana Medical Center
 325 Cyrpress Parkway
 Kissimmee, FL 34758-

Provider Number: 0092683-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	59.29	63.74	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

095875 - 2016/07

Medicaid Reimbursement Rate Change Form

Healthsouth Rehab of Martin
 5850 SE Community Drive
 Stuart, FL 34997-

Provider Number: 0095875-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

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 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

097013 - 2016/07

Medicaid Reimbursement Rate Change Form

St. Vincents Clay County
 1670 St. Vincents Way
 Middleburg, FL 32068-

Provider Number: 0097013-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	92.84	99.81	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100030 - 2016/07

Medicaid Reimbursement Rate Change Form

UF Health Shands Hospital
 Box J-100336
 Gainesville, FL 32610-

Provider Number: 0100030-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	164.04	176.75	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100030 - 2016/07

Medicaid Reimbursement Rate Change Form

UF Health Shands Hospital
 Box J-100336
 Gainesville, FL 32610-

Provider Number: 0100030-01
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	164.04	176.75	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100030 - 2016/07

Medicaid Reimbursement Rate Change Form

UF Health Shands Hospital
 Box J-100336
 Gainesville, FL 32610-

Provider Number: 0100030-02
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	164.04	176.75	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100030 - 2016/07

Medicaid Reimbursement Rate Change Form

UF Health Shands Hospital
 Box J-100336
 Gainesville, FL 32610-

Provider Number: 0100030-03
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	164.04	176.75	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100030 - 2016/07

Medicaid Reimbursement Rate Change Form

UF Health Shands Hospital
 Box J-100336
 Gainesville, FL 32610-

Provider Number: 0100030-04
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	164.04	176.75	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100048 - 2016/07

Medicaid Reimbursement Rate Change Form

Ed Fraser Memorial Hospital
 159 North Third Street
 MacClenney, FL 32063-

Provider Number: 0100048-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	107.51	117.88	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100064 - 2016/07

Medicaid Reimbursement Rate Change Form

Bay Medical Center Sacred Heart
 Health System
 P.O. Box 2515
 Panama City, FL 32402-2515

Provider Number: 0100064-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	88.14	94.76	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100072 - 2016/07

Medicaid Reimbursement Rate Change Form

Shands Starke Regional Medical
 Center
 Post Office Box 100336
 Gainesville, FL 32610-0336

Provider Number: 0100072-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	78.46	85.38	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
_____ Total Interim		_____ X _____ Total Prospective
_____ Settlement Based on Cost		

BASIS:

- _____ Budget
- X _____ Unaudited Costs
- _____ Field Audited Costs
- _____ Revised Field Audit
- _____ Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100081 - 2016/07

Medicaid Reimbursement Rate Change Form

Holmes Regional Medical Center
 3300 Fiske Boulevard
 Rockledge, FL 32955-

Provider Number: 0100081-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	70.13	75.55	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

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 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100099 - 2016/07

Medicaid Reimbursement Rate Change Form

Cape Canaveral Hospital
 3300 Fiske Boulevard
 Rockledge, FL 32955-

Provider Number: 0100099-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	65.86	70.81	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100102 - 2016/07

Medicaid Reimbursement Rate Change Form

Parrish Medical Center
 951 N. Washington Avenue 123
 Titusville, FL 32796-

Provider Number: 0100102-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	97.49	104.80	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100111 - 2016/07

Medicaid Reimbursement Rate Change Form

Wuesthoff Medical Center-Rockledge
 110 Longwood Avenue P.O. Box
 565002
 Rockledge, FL 32956-5002

Provider Number: 0100111-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	60.74	65.30	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100111 - 2016/07

Medicaid Reimbursement Rate Change Form

Wuesthoff Medical Center-Rockledge
 110 Longwood Avenue P.O. Box
 565002
 Rockledge, FL 32956-5002

Provider Number: 0100111-01
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	60.74	65.30	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100129 - 2016/07

Medicaid Reimbursement Rate Change Form

Broward Health Medical Center
 1600 S. Andrews Avenue
 Ft. Lauderdale, FL 33316-

Provider Number: 0100129-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	108.99	116.91	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100129 - 2016/07

Medicaid Reimbursement Rate Change Form

Broward Health Medical Center
 1600 S. Andrews Avenue
 Ft. Lauderdale, FL 33316-

Provider Number: 0100129-01
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	108.99	116.91	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100129 - 2016/07

Medicaid Reimbursement Rate Change Form

Broward Health Medical Center
 1600 S. Andrews Avenue
 Ft. Lauderdale, FL 33316-

Provider Number: 0100129-05
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	108.99	116.91	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100188 - 2016/07

Medicaid Reimbursement Rate Change Form

Holy Cross Hospital, Inc.
 P.O. Box 23460
 Ft. Lauderdale, FL 33307-

Provider Number: 0100188-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	75.77	81.46	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100196 - 2016/07

Medicaid Reimbursement Rate Change Form

Kindred Hospital-South Florida-Ft
 Lauderdale
 1516 E Las Olas Blvd.
 Ft. Lauderdale, FL 33301-

Provider Number: 0100196-00
 Date: 7/29/2016
 Fiscal Year End: 8/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100200 - 2016/07

Medicaid Reimbursement Rate Change Form

Memorial Regional Hospital
 3501 Johnson St.
 Hollywood, FL 33021-

Provider Number: 0100200-00
 Date: 7/29/2016
 Fiscal Year End: 4/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	150.59	161.56	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
_____ Total Interim		_____ X _____ Total Prospective
_____ Settlement Based on Cost		

BASIS:

- _____ Budget
- X _____ Unaudited Costs
- _____ Field Audited Costs
- _____ Revised Field Audit
- _____ Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100218 - 2016/07

Medicaid Reimbursement Rate Change Form

Broward Health North
 303 South East 17th St.
 Ft. Lauderdale, FL 33316-

Provider Number: 0100218-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	84.61	90.45	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100218 - 2016/07

Medicaid Reimbursement Rate Change Form

Broward Health North
 303 South East 17th St.
 Ft. Lauderdale, FL 33316-

Provider Number: 0100218-03
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	84.61	90.45	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100269 - 2016/07

Medicaid Reimbursement Rate Change Form

Calhoun Liberty Hospital
 Post Office Box 419
 Blountstown, FL 32424-0419

Provider Number: 0100269-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	50.28	54.79	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100277 - 2016/07

Medicaid Reimbursement Rate Change Form

Bayfront Health Punta Gorda
 809 E. Marion Ave.
 Punta Gorda, FL 33950-3898

Provider Number: 0100277-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	51.93	55.83	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100277 - 2016/07

Medicaid Reimbursement Rate Change Form

Bayfront Health Punta Gorda
 809 E. Marion Ave.
 Punta Gorda, FL 33950-3898

Provider Number: 0100277-02
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	51.93	55.83	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100285 - 2016/07

Medicaid Reimbursement Rate Change Form

Bayfront Health Port Charlotte
 2500 Harbor Blvd
 Port Charlotte, FL 33952-

Provider Number: 0100285-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	54.94	64.12	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100315 - 2016/07

Medicaid Reimbursement Rate Change Form

Naples Community Hospital
 350 7th Street North
 Naples, FL 33941-3029

Provider Number: 0100315-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	73.70	79.23	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100331 - 2016/07

Medicaid Reimbursement Rate Change Form

Shands Lake Shore Regional Medical
 Center
 Post Office 100336
 Gainesville, FL 32610-0336

Provider Number: 0100331-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	86.04	94.00	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100358 - 2016/07

Medicaid Reimbursement Rate Change Form

Baptist Of Miami
 8900 North Kendall Dr.
 Miami, FL 33176-

Provider Number: 0100358-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	149.14	160.34	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100366 - 2016/07

Medicaid Reimbursement Rate Change Form

University of Miami Hospital
 1475 NW 12th Avenue, Hope Lodge
 Suite #205
 Miami, FL 33136-

Provider Number: 0100366-00
 Date: 9/27/2016
 Fiscal Year End: 5/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>161.32</u>	<u>164.85</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		<u>X</u> Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100366 - 2016/07

Medicaid Reimbursement Rate Change Form

University of Miami Hospital
 1475 NW 12th Avenue, Hope Lodge
 Suite #205
 Miami, FL 33136-

Provider Number: 0100366-03
 Date: 9/27/2016
 Fiscal Year End: 5/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	161.32	164.85	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100412 - 2016/07

Medicaid Reimbursement Rate Change Form

Hialeah Hospital
 651 E. 25th Street Dept. 7202
 Miami, FL 33013-3878

Provider Number: 0100412-00
 Date: 7/29/2016
 Fiscal Year End: 5/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	53.65	57.68	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100421 - 2016/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital
 1611 N.W. 12th Avenue
 Miami, FL 33136-

Provider Number: 0100421-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	166.77	179.06	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100421 - 2016/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital
 1611 N.W. 12th Avenue
 Miami, FL 33136-

Provider Number: 0100421-01
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	166.77	179.06	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100421 - 2016/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital
 1611 N.W. 12th Avenue
 Miami, FL 33136-

Provider Number: 0100421-02
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	166.77	179.06	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100421 - 2016/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital
 1611 N.W. 12th Avenue
 Miami, FL 33136-

Provider Number: 0100421-07
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	166.77	179.06	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100421 - 2016/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital
 1611 N.W. 12th Avenue
 Miami, FL 33136-

Provider Number: 0100421-17
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	166.77	179.06	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
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 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100421 - 2016/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital
 1611 N.W. 12th Avenue
 Miami, FL 33136-

Provider Number: 0100421-18
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	166.77	179.06	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
_____ Total Interim		_____ X _____ Total Prospective
_____ Settlement Based on Cost		

BASIS:

- _____ Budget
- X _____ Unaudited Costs
- _____ Field Audited Costs
- _____ Revised Field Audit
- _____ Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
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 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100421 - 2016/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital
 1611 N.W. 12th Avenue
 Miami, FL 33136-

Provider Number: 0100421-19
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	166.77	179.06	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
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 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100421 - 2016/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital
 1611 N.W. 12th Avenue
 Miami, FL 33136-

Provider Number: 0100421-27
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	166.77	179.06	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100421 - 2016/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital
 1611 N.W. 12th Avenue
 Miami, FL 33136-

Provider Number: 0100421-34
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	166.77	179.06	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
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 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100421 - 2016/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital
 1611 N.W. 12th Avenue
 Miami, FL 33136-

Provider Number: 0100421-35
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	166.77	179.06	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
_____ Total Interim		_____ X _____ Total Prospective
_____ Settlement Based on Cost		

BASIS:

- _____ Budget
- X _____ Unaudited Costs
- _____ Field Audited Costs
- _____ Revised Field Audit
- _____ Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
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 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100421 - 2016/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital
 1611 N.W. 12th Avenue
 Miami, FL 33136-

Provider Number: 0100421-36
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	166.77	179.06	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100421 - 2016/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital
 1611 N.W. 12th Avenue
 Miami, FL 33136-

Provider Number: 0100421-42
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	166.77	179.06	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
_____ Total Interim		_____ X _____ Total Prospective
_____ Settlement Based on Cost		

BASIS:

- _____ Budget
- X _____ Unaudited Costs
- _____ Field Audited Costs
- _____ Revised Field Audit
- _____ Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
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 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100421 - 2016/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital
 1611 N.W. 12th Avenue
 Miami, FL 33136-

Provider Number: 0100421-46
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	166.77	179.06	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

14042200 - 2016/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital
 1611 N.W. 12th Avenue
 Miami, FL 33136-

Provider Number: 0140422-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	166.77	179.06	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
_____ Total Interim		X _____ Total Prospective
_____ Settlement Based on Cost		

BASIS:

- _____ Budget
- X _____ Unaudited Costs
- _____ Field Audited Costs
- _____ Revised Field Audit
- _____ Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100439 - 2016/07

Medicaid Reimbursement Rate Change Form

Mercy Hospital, Inc.
 3663 S Miami Ave.
 Miami, FL 33133-

Provider Number: 0100439-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	118.04	126.90	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100439 - 2016/07

Medicaid Reimbursement Rate Change Form

Mercy Hospital, Inc.
 3663 S Miami Ave.
 Miami, FL 33133-

Provider Number: 0100439-03
 Date: 7/29/2016
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	118.04	126.90	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100439 - 2016/07

Medicaid Reimbursement Rate Change Form

Mercy Hospital, Inc.
 3663 S Miami Ave.
 Miami, FL 33133-

Provider Number: 0100439-04
 Date: 7/29/2016
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	118.04	126.90	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100463 - 2016/07

Medicaid Reimbursement Rate Change Form

Mount Sinai Medical Center
 4300 Alton Rd
 Miami Beach, FL 33140-

Provider Number: 0100463-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	120.22	129.72	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100463 - 2016/07

Medicaid Reimbursement Rate Change Form

Mount Sinai Medical Center
 4300 Alton Rd
 Miami Beach, FL 33140-

Provider Number: 0100463-22
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>120.22</u>	<u>129.72</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100471 - 2016/07

Medicaid Reimbursement Rate Change Form

University of Miami Hospital and Clinics
 P.O. Box 016217
 Miami, FL 33101-

Provider Number: 0100471-00
 Date: 7/29/2016
 Fiscal Year End: 5/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	275.24	295.90	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100498 - 2016/07

Medicaid Reimbursement Rate Change Form

Northshore Medical Center
 1100 N.W. 95th Street
 Miami, FL 33150-2098

Provider Number: 0100498-00
 Date: 7/29/2016
 Fiscal Year End: 5/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	15.68	54.00	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100498 - 2016/07

Medicaid Reimbursement Rate Change Form

Northshore Medical Center
 1100 N.W. 95th Street
 Miami, FL 33150-2098

Provider Number: 0100498-07
 Date: 7/29/2016
 Fiscal Year End: 5/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	15.68	54.00	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		<u>X</u> Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100536 - 2016/07

Medicaid Reimbursement Rate Change Form

Palm Springs General Hospital
 1475 West 49th Street
 Hialeah, FL 33012-

Provider Number: 0100536-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	34.27	36.84	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100544 - 2016/07

Medicaid Reimbursement Rate Change Form

Metropolitan Hospital Miami
 5959 NW 7th Street
 Miami, FL 33126-

Provider Number: 0100544-00
 Date: 7/29/2016
 Fiscal Year End: 4/29/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	56.39	60.62	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100587 - 2016/07

Medicaid Reimbursement Rate Change Form

South Miami Hospital
 6200 S.W. 73rd Street
 Miami, FL 33143-

Provider Number: 0100587-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	95.28	102.43	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100609 - 2016/07

Medicaid Reimbursement Rate Change Form

Nicklaus Children's Hospital
 3100 S.W. 62nd Avenue
 Miami, FL 33155-3009

Provider Number: 0100609-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Amended Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	204.03	224.86	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100625 - 2016/07

Medicaid Reimbursement Rate Change Form

Westchester General Hospital
 2500 SW 75th Avenue
 Miami, FL 33155-

Provider Number: 0100625-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	68.10	73.21	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100641 - 2016/07

Medicaid Reimbursement Rate Change Form

Baptist Medical Center Jacksonville
 800 Prudential Drive
 Jacksonville, FL 32207-

Provider Number: 0100641-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>77.98</u>	<u>83.84</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100641 - 2016/07

Medicaid Reimbursement Rate Change Form

Baptist Medical Center Jacksonville
 800 Prudential Drive
 Jacksonville, FL 32207-

Provider Number: 0100641-02
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	77.98	83.84	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
_____ Total Interim		_____ X _____ Total Prospective
_____ Settlement Based on Cost		

BASIS:

- _____ Budget
- X _____ Unaudited Costs
- _____ Field Audited Costs
- _____ Revised Field Audit
- _____ Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100641 - 2016/07

Medicaid Reimbursement Rate Change Form

Baptist Medical Center Jacksonville
 800 Prudential Drive
 Jacksonville, FL 32207-

Provider Number: 0100641-03
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	77.98	83.84	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100641 - 2016/07

Medicaid Reimbursement Rate Change Form

Baptist Medical Center Jacksonville
 800 Prudential Drive
 Jacksonville, FL 32207-

Provider Number: 0100641-04
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	77.98	83.84	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100676 - 2016/07

Medicaid Reimbursement Rate Change Form

UF Health Jacksonville
 580 West 8th Street
 Jacksonville, FL 32209-

Provider Number: 0100676-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Amended Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	123.66	140.12	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100676 - 2016/07

Medicaid Reimbursement Rate Change Form

UF Health Jacksonville
 580 West 8th Street
 Jacksonville, FL 32209-

Provider Number: 0100676-01
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Amended Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	123.66	140.12	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100722 - 2016/07

Medicaid Reimbursement Rate Change Form

Mayo Clinic
 4500 San Pablo Road
 Jacksonville, FL 32216-

Provider Number: 0100722-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	108.80	117.39	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
_____ Total Interim		_____ X _____ Total Prospective
_____ Settlement Based on Cost		

BASIS:

- _____ Budget
- X _____ Unaudited Costs
- _____ Field Audited Costs
- _____ Revised Field Audit
- _____ Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100731 - 2016/07

Medicaid Reimbursement Rate Change Form

St. Vincent's Medical Center
 Riverside
 1800 Barrs Street 3rd Floor, Seton
 Hall
 Jacksonville, FL 32204-

Provider Number: 0100731-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	112.62	121.08	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100749 - 2016/07

Medicaid Reimbursement Rate Change Form

Baptist Hospital Inc
 P.O. Box 17500
 Pensacola, FL 32522-7500

Provider Number: 0100749-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	254.91	83.46	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100749 - 2016/07

Medicaid Reimbursement Rate Change Form

Baptist Hospital Inc
 P.O. Box 17500
 Pensacola, FL 32522-7500

Provider Number: 0100749-02
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	254.91	83.46	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100749 - 2016/07

Medicaid Reimbursement Rate Change Form

Baptist Hospital Inc
 P.O. Box 17500
 Pensacola, FL 32522-7500

Provider Number: 0100749-03
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	254.91	83.46	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100765 - 2016/07

Medicaid Reimbursement Rate Change Form

Sacred Heart Hospital
 Post Office Box 2728
 Pensacola, FL 32513-2728

Provider Number: 0100765-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	88.98	96.33	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100803 - 2016/07

Medicaid Reimbursement Rate Change Form

George E. Weems Memorial Hospital
 P.O. Drawer 610
 Apalachicola, FL 32320-

Provider Number: 0100803-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Amended Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	553.17	622.15	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100862 - 2016/07

Medicaid Reimbursement Rate Change Form

Hendry Regional Medical Center
 524 W Sagamore Street
 Clewiston, FL 33440

Provider Number: 0100862-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	117.06	127.45	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100871 - 2016/07

Medicaid Reimbursement Rate Change Form

Bayfront Health Brooksville
 Post Office Box 37
 Brooksville, FL 34605-0037

Provider Number: 0100871-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	74.35	79.93	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100871 - 2016/07

Medicaid Reimbursement Rate Change Form

Bayfront Health Brooksville
 Post Office Box 37
 Brooksville, FL 34605-0037

Provider Number: 0100871-01
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	74.35	79.93	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100897 - 2016/07

Medicaid Reimbursement Rate Change Form

Highlands Regional Medical Center
 P.O. Drawer 2066
 Sebring, FL 33870-

Provider Number: 0100897-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	58.61	63.01	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100901 - 2016/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Heartland Medical
 Center
 Highway 27 North
 Avon Park, FL 33825-

Provider Number: 0100901-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	59.15	63.59	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100901 - 2016/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Heartland Medical
 Center
 Highway 27 North
 Avon Park, FL 33825-

Provider Number: 0100901-02
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	59.15	63.59	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100943 - 2016/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Carrollwood
 3100 East Fletcher Avenue
 Tampa, FL 33613-

Provider Number: 0100943-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	68.03	73.14	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100978 - 2016/07

Medicaid Reimbursement Rate Change Form

St. Josephs Hospital
 3001 W. ML King Blvd. Post Office
 Box 4227
 Tampa, FL 33677-4227

Provider Number: 0100978-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	101.96	110.03	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100978 - 2016/07

Medicaid Reimbursement Rate Change Form

St. Josephs Hospital
 3001 W. ML King Blvd. Post Office
 Box 4227
 Tampa, FL 33677-4227

Provider Number: 0100978-02
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	101.96	110.03	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
_____ Total Interim		_____ X _____ Total Prospective
_____ Settlement Based on Cost		

BASIS:

- _____ Budget
- X _____ Unaudited Costs
- _____ Field Audited Costs
- _____ Revised Field Audit
- _____ Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100978 - 2016/07

Medicaid Reimbursement Rate Change Form

St. Josephs Hospital
 3001 W. ML King Blvd. Post Office
 Box 4227
 Tampa, FL 33677-4227

Provider Number: 0100978-03
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	101.96	110.03	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100978 - 2016/07

Medicaid Reimbursement Rate Change Form

St. Josephs Hospital
 3001 W. ML King Blvd. Post Office
 Box 4227
 Tampa, FL 33677-4227

Provider Number: 0100978-06
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	101.96	110.03	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100986 - 2016/07

Medicaid Reimbursement Rate Change Form

South Florida Baptist
 301 N Alexander Street
 Plant City, FL 33566-

Provider Number: 0100986-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	76.03	81.74	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		<u>X</u> Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100994 - 2016/07

Medicaid Reimbursement Rate Change Form

Tampa General Hospital
 P.O. Box 1289
 Tampa, FL 33601-

Provider Number: 0100994-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	131.58	142.29	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100994 - 2016/07

Medicaid Reimbursement Rate Change Form

Tampa General Hospital
 P.O. Box 1289
 Tampa, FL 33601-

Provider Number: 0100994-01
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	131.58	142.29	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100994 - 2016/07

Medicaid Reimbursement Rate Change Form

Tampa General Hospital
 P.O. Box 1289
 Tampa, FL 33601-

Provider Number: 0100994-12
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	131.58	142.29	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100994 - 2016/07

Medicaid Reimbursement Rate Change Form

Tampa General Hospital
 P.O. Box 1289
 Tampa, FL 33601-

Provider Number: 0100994-13
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	131.58	142.29	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100994 - 2016/07

Medicaid Reimbursement Rate Change Form

Tampa General Hospital
 P.O. Box 1289
 Tampa, FL 33601-

Provider Number: 0100994-14
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	131.58	142.29	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101028 - 2016/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Tampa
 3100 East Fletcher Avenue
 Tampa, FL 33613-

Provider Number: 0101028-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	62.43	67.11	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101028 - 2016/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Tampa
 3100 East Fletcher Avenue
 Tampa, FL 33613-

Provider Number: 0101028-09
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	62.43	67.11	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101036 - 2016/07

Medicaid Reimbursement Rate Change Form

Doctors Memorial Hospital
 P.O. Box 188
 Bonifay, FL 32425-

Provider Number: 0101036-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	121.57	128.79	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101044 - 2016/07

Medicaid Reimbursement Rate Change Form

Indian River Medical Center
 1000 36th Street
 Vero Beach, FL 32960-

Provider Number: 0101044-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	81.60	87.73	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101061 - 2016/07

Medicaid Reimbursement Rate Change Form

Jackson Hospital
 4250 Hospital Drive
 Marianna, FL 32446-

Provider Number: 0101061-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	88.93	94.54	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101079 - 2016/07

Medicaid Reimbursement Rate Change Form

Leesburg Regional Medical Center
 600 E Dixie Ave
 Leesburg, FL 32748-

Provider Number: 0101079-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	64.77	69.63	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101087 - 2016/07

Medicaid Reimbursement Rate Change Form

South Lake Memorial Hospital
 847 8th Street
 Clermont, FL 32711-

Provider Number: 0101087-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	68.06	73.17	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101095 - 2016/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Waterman
 P.O. Box 333
 Eustis, FL 32727-0333

Provider Number: 0101095-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	52.95	56.92	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101109 - 2016/07

Medicaid Reimbursement Rate Change Form

Lee Memorial Hospital
 PO Box 151247
 Cape Coral, FL 33915-

Provider Number: 0101109-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	98.05	105.76	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101109 - 2016/07

Medicaid Reimbursement Rate Change Form

Lee Memorial Hospital
 PO Box 151247
 Cape Coral, FL 33915-

Provider Number: 0101109-11
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	98.05	105.76	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101109 - 2016/07

Medicaid Reimbursement Rate Change Form

Lee Memorial Hospital
 PO Box 151247
 Cape Coral, FL 33915-

Provider Number: 0101109-17
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	98.05	105.76	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101109 - 2016/07

Medicaid Reimbursement Rate Change Form

Lee Memorial Hospital
 PO Box 151247
 Cape Coral, FL 33915-

Provider Number: 0101109-18
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	98.05	105.76	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101117 - 2016/07

Medicaid Reimbursement Rate Change Form

Lehigh Regional Medical Center
 1500 Lee Blvd.
 Lehigh Acres, FL 33936-

Provider Number: 0101117-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Amended Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	31.20	43.27	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101133 - 2016/07

Medicaid Reimbursement Rate Change Form

Tallahassee Memorial Regional M.C.
 1300 Miccosukee
 Tallahassee, FL 32308-

Provider Number: 0101133-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	198.13	213.94	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101141 - 2016/07

Medicaid Reimbursement Rate Change Form

Regional General Hospital Williston
 P.O. Drawer 460
 Williston, FL 32696-

Provider Number: 0101141-00
 Date: 7/29/2016
 Fiscal Year End: 8/14/2013
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	38.66	42.25	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101150 - 2016/07

Medicaid Reimbursement Rate Change Form

Madison County Memorial Hospital
 224 NW Crane Avenue
 Madison, FL 32340-

Provider Number: 0101150-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Amended Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>47.23</u>	<u>53.67</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101168 - 2016/07

Medicaid Reimbursement Rate Change Form

Manatee Memorial Hospital
 206 Second Street East
 Bradenton, FL 34208-

Provider Number: 0101168-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	60.11	64.62	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101176 - 2016/07

Medicaid Reimbursement Rate Change Form

Munroe Regional Medical Center
 Post Office Box 6000
 Ocala, FL 34478-

Provider Number: 0101176-00
 Date: 7/29/2016
 Fiscal Year End: 6/3/2015
 Audit Status: Amended Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	56.45	60.69	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101184 - 2016/07

Medicaid Reimbursement Rate Change Form

Martin Medical Center
 P.O. Box 9033
 Stuart, FL 34995-9033

Provider Number: 0101184-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	72.42	77.86	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101192 - 2016/07

Medicaid Reimbursement Rate Change Form

Lower Keys Medical Center
 P.O. Box 9107
 Key West, FL 33401-

Provider Number: 0101192-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Amended Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	58.00	62.35	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101192 - 2016/07

Medicaid Reimbursement Rate Change Form

Lower Keys Medical Center
 P.O. Box 9107
 Key West, FL 33401-

Provider Number: 0101192-01
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Amended Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	58.00	62.35	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101206 - 2016/07

Medicaid Reimbursement Rate Change Form

Fishermen's Hospital
 3301 Overseas Highway
 Marathon, FL 33050-

Provider Number: 0101206-00
 Date: 7/29/2016
 Fiscal Year End: 6/3/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	90.55	98.31	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101214 - 2016/07

Medicaid Reimbursement Rate Change Form

Mariners Hospital
 91500 Overseas Highway
 Tavernier, FL 33070-

Provider Number: 0101214-00
 Date: 7/29/2016
 Fiscal Year End: 6/3/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	290.55	317.38	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101231 - 2016/07

Medicaid Reimbursement Rate Change Form

Baptist Medical Center - Nassau
 1250 South 18th Street
 Fernandina Beach, FL 32034-

Provider Number: 0101231-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	83.30	90.89	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101257 - 2016/07

Medicaid Reimbursement Rate Change Form

Twin Cities Hospital
 2190 Hwy 85 North
 Niceville, FL 32578-

Provider Number: 0101257-00
 Date: 7/29/2016
 Fiscal Year End: 5/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	64.49	69.33	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101265 - 2016/07

Medicaid Reimbursement Rate Change Form

North Okaloosa Medical Center
 151 Redstone Ave.
 Crestview, FL 32536-

Provider Number: 0101265-00
 Date: 7/29/2016
 Fiscal Year End: 3/31/2015
 Audit Status: Amended Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	82.04	88.20	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101290 - 2016/07

Medicaid Reimbursement Rate Change Form

Florida Hospital
 500 East Rollins Street
 Orlando, FL 32803-

Provider Number: 0101290-00
 Date: 7/29/2016
 Fiscal Year End: 6/3/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	81.75	87.70	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101290 - 2016/07

Medicaid Reimbursement Rate Change Form

Florida Hospital
 500 East Rollins Street
 Orlando, FL 32803-

Provider Number: 0101290-01
 Date: 7/29/2016
 Fiscal Year End: 6/3/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	81.75	87.70	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101290 - 2016/07

Medicaid Reimbursement Rate Change Form

Florida Hospital
 500 East Rollins Street
 Orlando, FL 32803-

Provider Number: 0101290-04
 Date: 7/29/2016
 Fiscal Year End: 6/3/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	81.75	87.70	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101338 - 2016/07

Medicaid Reimbursement Rate Change Form

Orlando Health
 1414 S. Kuhl Avenue
 Orlando, FL 32806-

Provider Number: 0101338-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	124.38	134.15	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101354 - 2016/07

Medicaid Reimbursement Rate Change Form

Health Central
 10000 West Colonial Dr.
 Ocoee, FL 34761-

Provider Number: 0101354-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	72.35	77.78	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
_____ Total Interim		_____ X _____ Total Prospective
_____ Settlement Based on Cost		

BASIS:

- _____ Budget
- X _____ Unaudited Costs
- _____ Field Audited Costs
- _____ Revised Field Audit
- _____ Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101389 - 2016/07

Medicaid Reimbursement Rate Change Form

Osceola Regional Medical Center
 700 West Oak St.
 Kissimmee, FL 32742-2589

Provider Number: 0101389-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	74.78	80.39	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101401 - 2016/07

Medicaid Reimbursement Rate Change Form

Bethesda Hospital East
 2815 S Seacrest Blvd.
 Boynton Beach, FL 33435-

Provider Number: 0101401-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	69.53	74.75	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101419 - 2016/07

Medicaid Reimbursement Rate Change Form

Boca Raton Regional Hospital
 800 Meadows Rd.
 Boca Raton, FL 33486-

Provider Number: 0101419-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	62.44	67.12	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101443 - 2016/07

Medicaid Reimbursement Rate Change Form

Lakeside Medical Center
 39200 Hooker Highway
 Belle Glade, FL 33430-

Provider Number: 0101443-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Amended Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>78.56</u>	<u>85.50</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101460 - 2016/07

Medicaid Reimbursement Rate Change Form

JFK Medical Center
 5301 S. Congress Ave.
 Lake Worth, FL 33462-1149

Provider Number: 0101460-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	85.30	91.70	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101486 - 2016/07

Medicaid Reimbursement Rate Change Form

St. Mary's Medical Center
 1300 N. Flagler Drive
 West Palm Beach, FL 33401-

Provider Number: 0101486-01
 Date: 7/29/2016
 Fiscal Year End: 5/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	67.51	72.82	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101494 - 2016/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Zephyrhills
 7050 Gall Blvd
 Zephyrhills, FL 33541-

Provider Number: 0101494-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	65.91	70.86	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101494 - 2016/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Zephyrhills
 7050 Gall Blvd
 Zephyrhills, FL 33541-

Provider Number: 0101494-01
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	65.91	70.86	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101508 - 2016/07

Medicaid Reimbursement Rate Change Form

Morton Plant North Bay Hospital
 16255 Bay Vista Drive
 Clearwater, FL 33760-

Provider Number: 0101508-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	73.06	78.54	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101516 - 2016/07

Medicaid Reimbursement Rate Change Form

All Children's Hospital
 501 6th Avenue S
 St. Petersburg, FL 33701-

Provider Number: 0101516-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	234.69	258.68	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101524 - 2016/07

Medicaid Reimbursement Rate Change Form

Good Samaritan Hospital
 1300 N. Flagler Drive
 West Palm Beach, FL 33401-

Provider Number: 0101524-00
 Date: 7/29/2016
 Fiscal Year End: 5/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	68.88	74.05	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101541 - 2016/07

Medicaid Reimbursement Rate Change Form

Mease Dunedin Hospital
 Post Box 210 Mailstation 102
 Clearwater, FL 33517-

Provider Number: 0101541-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	69.34	74.55	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
_____ Total Interim		_____ X _____ Total Prospective
_____ Settlement Based on Cost		

BASIS:

- _____ Budget
- X _____ Unaudited Costs
- _____ Field Audited Costs
- _____ Revised Field Audit
- _____ Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101567 - 2016/07

Medicaid Reimbursement Rate Change Form

Bayfront Health - St Petersburg
 701 6th St. South
 St. Petersburg, FL 33701-

Provider Number: 0101567-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Amended Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	80.65	90.09	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101567 - 2016/07

Medicaid Reimbursement Rate Change Form

Bayfront Health - St Petersburg
 701 6th St. South
 St. Petersburg, FL 33701-

Provider Number: 0101567-07
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Amended Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	80.65	90.09	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
_____ Total Interim		_____ X _____ Total Prospective
_____ Settlement Based on Cost		

BASIS:

- _____ Budget
- _____ Unaudited Costs
- _____ Field Audited Costs
- _____ Revised Field Audit
- _____ Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101583 - 2016/07

Medicaid Reimbursement Rate Change Form

Morton F. Plant Hospital
 16255 Bay Vista Dr, MS 100
 Clearwater, FL 33760-

Provider Number: 0101583-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	90.63	97.44	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101583 - 2016/07

Medicaid Reimbursement Rate Change Form

Morton F. Plant Hospital
 16255 Bay Vista Dr, MS 100
 Clearwater, FL 33760-

Provider Number: 0101583-01
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	90.63	97.44	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101613 - 2016/07

Medicaid Reimbursement Rate Change Form

Florida Hospital North Pinellas
 1395 South Pinellas Ave.
 Tarpon Springs, FL 34689-1487

Provider Number: 0101613-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	71.87	77.26	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101648 - 2016/07

Medicaid Reimbursement Rate Change Form

Lakeland Regional Medical Center
 230 South Florida Ave, Reimb Dept
 4th Floor
 Lakeland, FL 33801-

Provider Number: 0101648-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	75.12	81.00	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101664 - 2016/07

Medicaid Reimbursement Rate Change Form

Lake Wales Hospital Association
 410 South 11th St.
 Lake Wales, FL 33853-

Provider Number: 0101664-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Amended Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	54.75	58.86	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101699 - 2016/07

Medicaid Reimbursement Rate Change Form

Winter Haven Hospital
 200 Avenue "F" Northeast
 Winter Haven, FL 33880-

Provider Number: 0101699-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	68.35	73.48	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101702 - 2016/07

Medicaid Reimbursement Rate Change Form

West Gables Rehabilitation
 2525 Southwest 75th Av.
 Miami, FL 33155-

Provider Number: 0101702-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>11.65</u>	<u>12.52</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101711 - 2016/07

Medicaid Reimbursement Rate Change Form

Flagler Hospital
 400 Health Park Blvd.
 St. Augustine, FL 32086-

Provider Number: 0101711-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	60.72	65.28	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101737 - 2016/07

Medicaid Reimbursement Rate Change Form

Jay Hospital
 221 South Alabama Street
 Jay, FL 32565-

Provider Number: 0101737-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	100.47	107.19	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101745 - 2016/07

Medicaid Reimbursement Rate Change Form

Santa Rosa Hospital
 P.O. BOX 648
 Milton, FL 32570-

Provider Number: 0101745-00
 Date: 7/29/2016
 Fiscal Year End: 5/31/2015
 Audit Status: Amended Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	55.07	59.21	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101753 - 2016/07

Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital of
 Largo
 901 Clearwater Largo Rd.
 Largo, FL 34640-

Provider Number: 0101753-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101761 - 2016/07

Medicaid Reimbursement Rate Change Form

Memorial Hospital
 1901 Arlington St.
 Sarasota, FL 33579-

Provider Number: 0101761-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	81.06	87.14	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101788 - 2016/07

Medicaid Reimbursement Rate Change Form

Central Florida Regional Hospital
 1401 West Seminole Blvd.
 Sanford, FL 32771-

Provider Number: 0101788-00
 Date: 7/29/2016
 Fiscal Year End: 5/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	61.12	65.71	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101796 - 2016/07

Medicaid Reimbursement Rate Change Form

Shands Live Oak Regional Medical
 Center
 Post Office Box 100336
 Gainesville, FL 32610-0336

Provider Number: 0101796-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Amended Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	69.71	75.95	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101800 - 2016/07

Medicaid Reimbursement Rate Change Form

Doctors' Memorial Hospital
 407 East Ash Street
 Perry, FL 32347-

Provider Number: 0101800-00
 Date: 7/29/2016
 Fiscal Year End: 5/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	110.76	119.99	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101826 - 2016/07

Medicaid Reimbursement Rate Change Form

Florida Hospital - Fish Memorial
 1055 Sax Boulevard
 Orange City, FL 32763-

Provider Number: 0101826-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	58.10	62.46	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101834 - 2016/07

Medicaid Reimbursement Rate Change Form

Bert Fish Memorial Hospital
 401 Palmetto Street
 New Smyrna Beach, FL 32170-

Provider Number: 0101834-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	71.47	76.83	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101842 - 2016/07

Medicaid Reimbursement Rate Change Form

Halifax Health Medical Center
 P.O. Box 2830
 Daytona Beach, FL 32115-2830

Provider Number: 0101842-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	86.69	93.34	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101869 - 2016/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Memorial Medical
 Center
 875 Sterthaus Avenue
 Ormond Beach, FL 32174-

Provider Number: 0101869-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	54.90	59.02	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101877 - 2016/07

Medicaid Reimbursement Rate Change Form

Florida Hospital DeLand
 701 West Plymouth Avenue
 Deland, FL 32720-

Provider Number: 0101877-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	49.82	53.56	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101885 - 2016/07

Medicaid Reimbursement Rate Change Form

Healthmark Regional Medical Center
 PO Box 1326
 Defuniak Springs, FL 32433-

Provider Number: 0101885-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	277.64	304.43	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101893 - 2016/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Flagler
 60 Memorial Medical Pkwy
 Palm Coast, FL 32164-

Provider Number: 0101893-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>67.99</u>	<u>74.12</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101907 - 2016/07

Medicaid Reimbursement Rate Change Form

Northwest Florida Community
 Hospital
 Post Office Box 889
 Chipley, FL 32428-

Provider Number: 0101907-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	232.46	253.11	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101915 - 2016/07

Medicaid Reimbursement Rate Change Form

Kindred Hospital-South Florida-
 Hollywood
 1859 Van Buren St.
 Hollywood, FL 33022-

Provider Number: 0101915-00
 Date: 7/29/2016
 Fiscal Year End: 8/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101923 - 2016/07

Medicaid Reimbursement Rate Change Form

Desoto Memorial Hospital
 PO Box 2180
 Arcadia, FL 33821-

Provider Number: 0101923-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	132.14	139.43	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101931 - 2016/07

Medicaid Reimbursement Rate Change Form

Memorial Hospital Jacksonville
 PO Box 16325
 Jacksonville, FL 32216-

Provider Number: 0101931-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	65.26	70.16	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101940 - 2016/07

Medicaid Reimbursement Rate Change Form

Campbellton-Graceville Hospital
 5429 College Dr.
 Graceville, FL 32240-

Provider Number: 0101940-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>11.65</u>	<u>12.52</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

101991 - 2016/07

Medicaid Reimbursement Rate Change Form

Wiregrass Hospital
 1200 Maple Av.
 Geneva, AL 36340-

Provider Number: 0101991-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2013
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	78.67	84.57	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102016 - 2016/07

Medicaid Reimbursement Rate Change Form

Floral Memorial Hospital
 PO BOX 206
 Florida, AL 36442-

Provider Number: 0102016-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2013
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102024 - 2016/07

Medicaid Reimbursement Rate Change Form

D.W.Mcmillan Memorial
 PO BOX 908
 Brewton, AL 36427-

Provider Number: 0102024-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2004
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	129.76	139.50	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102041 - 2016/07

Medicaid Reimbursement Rate Change Form

Archbold Memorial Hospital
 Post Office Box 1018
 Thomasville, GA 31799-1018

Provider Number: 0102041-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	45.54	48.96	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102067 - 2016/07

Medicaid Reimbursement Rate Change Form

Southeast Alabama General
 PO BOX 6987
 Dothan, AL 36301-

Provider Number: 0102067-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	112.49	120.93	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102075 - 2016/07

Medicaid Reimbursement Rate Change Form

South Georgia Medical Center
 PO BOX 1727
 Valdosta, GA 31601-

Provider Number: 0102075-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	67.35	72.40	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102091 - 2016/07

Medicaid Reimbursement Rate Change Form

Flowers Hospital
 PO BOX 6907
 Dothan, AL 36302-

Provider Number: 0102091-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2013
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	60.75	65.31	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102105 - 2016/07

Medicaid Reimbursement Rate Change Form

Palm Beach Gardens Medical Center
 3360 Burns Rd.
 Palm Beach Gardens, FL 33410-

Provider Number: 0102105-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	68.76	73.92	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102121 - 2016/07

Medicaid Reimbursement Rate Change Form

Grady General Hospital
 1155 5th St.
 Cairo, GA 31728-

Provider Number: 0102121-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	45.98	49.43	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102130 - 2016/07

Medicaid Reimbursement Rate Change Form

Wellington Regional Medical Center
 10101 Forest Hill Blvd.
 West Palm Beach, FL 33414-

Provider Number: 0102130-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	67.97	73.08	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102164 - 2016/07

Medicaid Reimbursement Rate Change Form

Mizell Memorial Hospital

Provider Number: 0102164-00

Date: 7/29/2016

Fiscal Year End: 9/30/1992

Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102199 - 2016/07

Medicaid Reimbursement Rate Change Form

Citrus Memorial Hospital
 502 Highland Blvd.
 Iverness, FL 32652-

Provider Number: 0102199-00
 Date: 7/29/2016
 Fiscal Year End: 10/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	56.45	60.69	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102202 - 2016/07

Medicaid Reimbursement Rate Change Form

Cleveland Clinic Hospital
 3100 Weston Rd
 Weston, FL 33331-

Provider Number: 0102202-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>52.33</u>	<u>56.25</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102229 - 2016/07

Medicaid Reimbursement Rate Change Form

Memorial Hospital Pembroke
 2301 University Dr.
 Pembroke Pines, FL 33024-

Provider Number: 0102229-00
 Date: 7/29/2016
 Fiscal Year End: 4/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	89.38	95.77	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102261 - 2016/07

Medicaid Reimbursement Rate Change Form

Homestead Hospital
 160 N.W. 13th Street
 Homestead, FL 33030-

Provider Number: 0102261-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	144.60	155.45	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102288 - 2016/07

Medicaid Reimbursement Rate Change Form

Heart Of Florida Hospital
 P.O. Box 67
 Haines City, FL 33845-

Provider Number: 0102288-00
 Date: 7/29/2016
 Fiscal Year End: 6/6/2015
 Audit Status: Amended Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	53.15	57.14	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102300 - 2016/07

Medicaid Reimbursement Rate Change Form

Kindred Hospital Central Tampa
 4801 N HOWARD AVE.
 Tampa, FL 33604-

Provider Number: 0102300-00
 Date: 7/29/2016
 Fiscal Year End: 8/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>11.65</u>	<u>12.52</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102326 - 2016/07

Medicaid Reimbursement Rate Change Form

Baptist Medical Center - Beaches
 1350 13th AVE., SOUTH
 Jacksonville, FL 32250-

Provider Number: 0102326-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	58.87	63.29	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102334 - 2016/07

Medicaid Reimbursement Rate Change Form

Atmore Community Hospital
 401 Medical Park Dr.
 Atmore, AL 36502-

Provider Number: 0102334-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2013
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	34.23	36.80	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102342 - 2016/07

Medicaid Reimbursement Rate Change Form

Kindred Hospital-Bay Area-Tampa
 4555 SOUTH MANHATTAN AVE.
 Tampa, FL 33611-

Provider Number: 0102342-00
 Date: 7/29/2016
 Fiscal Year End: 8/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102369 - 2016/07

Medicaid Reimbursement Rate Change Form

Smith Hospital
 P.O. Box 10010
 Valdosta, GA 31604-

Provider Number: 0102369-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	74.19	79.75	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102407 - 2016/07

Medicaid Reimbursement Rate Change Form

St. Anthony's Rehabilitation Hospital
 3075 N.W. 35th Ave.
 Lauderdale Lake, FL 33311-

Provider Number: 0102407-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
_____ Total Interim		_____ X _____ Total Prospective
_____ Settlement Based on Cost		

BASIS:

- _____ Budget
- X _____ Unaudited Costs
- _____ Field Audited Costs
- _____ Revised Field Audit
- _____ Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102474 - 2016/07

Medicaid Reimbursement Rate Change Form

South Baldwin Hospital
 1613 West McKenzie St.
 Foley, AL 36536

Provider Number: 0102474-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/1995
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102521 - 2016/07

Medicaid Reimbursement Rate Change Form

Memorial Hospital West
 703 North Flamingo Road
 Pembroke Pines, FL 33028-

Provider Number: 0102521-00
 Date: 7/29/2016
 Fiscal Year End: 4/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	128.52	137.75	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102539 - 2016/07

Medicaid Reimbursement Rate Change Form

Englewood Community Hospital
 700 Medical Blvd.
 Englewood, FL 34223-

Provider Number: 0102539-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	43.16	46.40	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102555 - 2016/07

Medicaid Reimbursement Rate Change Form

Southeast Georgia Medical Center
 3100 Kemble Avenue
 Brunswick, GA 31520-

Provider Number: 0102555-00
 Date: 7/29/2016
 Fiscal Year End: 4/30/2010
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>48.67</u>	<u>52.32</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102598 - 2016/07

Medicaid Reimbursement Rate Change Form

Edward White Hospital
 2323 9th Avenue North P.O. Box
 12018
 St. Petersburg, Fl 33733-

Provider Number: 0102598-00
 Date: 7/29/2016
 Fiscal Year End: 11/23/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	73.12	78.60	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
_____ Total Interim		_____ X Total Prospective
_____ Settlement Based on Cost		

BASIS:

- _____ Budget
- X _____ Unaudited Costs
- _____ Field Audited Costs
- _____ Revised Field Audit
- _____ Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102601 - 2016/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Wauchula
 2501 U.S. Hwy 27 North P.O. Box
 1200
 Avon Park, FL 33825-

Provider Number: 0102601-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>92.66</u>	<u>100.93</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102679 - 2016/07

Medicaid Reimbursement Rate Change Form

Kindred Hosp. - North Fla
 801 Oak Street
 Green Cove Springs, FL 32043-

Provider Number: 0102679-00
 Date: 7/29/2016
 Fiscal Year End: 8/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
_____ Total Interim		_____ X _____ Total Prospective
_____ Settlement Based on Cost		

BASIS:

- _____ Budget
- X _____ Unaudited Costs
- _____ Field Audited Costs
- _____ Revised Field Audit
- _____ Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102687 - 2016/07

Medicaid Reimbursement Rate Change Form

HealthSouth Rehab - Dothan
 1736 East Main Street
 Dothan, AL 36301-

Provider Number: 0102687-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102709 - 2016/07

Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital of
 Miami
 20601 Old Cutler Road
 Miami, FL 33188-

Provider Number: 0102709-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102717 - 2016/07

Medicaid Reimbursement Rate Change Form

Brooks Rehabilitation Hospital
 3599 University Blvd., S
 Jacksonville, FL 32216-

Provider Number: 0102717-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	36.58	39.33	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102750 - 2016/07

Medicaid Reimbursement Rate Change Form

HealthSouth Emerald Coast
 Rehabilitation Hospital
 1847 Florida Avenue
 Panama City, FL 32405-

Provider Number: 0102750-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102768 - 2016/07

Medicaid Reimbursement Rate Change Form

Kindred Hospital-Bay Area-St
 Petersburg
 3030 6th Street, South
 St. Petersburg, FL 33705-

Provider Number: 0102768-00
 Date: 7/29/2016
 Fiscal Year End: 8/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>11.65</u>	<u>12.52</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102776 - 2016/07

Medicaid Reimbursement Rate Change Form

Douglas Gardens Hospital
 5200 NE 2nd Avenue
 Miami, FL 33137-

Provider Number: 0102776-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

103144 - 2016/07

Medicaid Reimbursement Rate Change Form

Physicians Regional Medical Center -
 Pine Ridge
 6101 Pine Ridge Road
 Naples, FL 34119-

Provider Number: 0103144-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Amended Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	67.63	72.71	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

103144 - 2016/07

Medicaid Reimbursement Rate Change Form

Physicians Regional Medical Center -
 Pine Ridge
 6101 Pine Ridge Road
 Naples, FL 34119-

Provider Number: 0103144-01
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Amended Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	67.63	72.71	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

103179 - 2016/07

Medicaid Reimbursement Rate Change Form

The Villages Regional Hospital
 600 East Dixie Ave
 Leesburg, FL 34748-

Provider Number: 0103179-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	47.74	51.33	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

103209 - 2016/07

Medicaid Reimbursement Rate Change Form

Wuesthoff Medical Center Melbourne
 250 N. Wickham Road
 Melbourne, FL 32935-

Provider Number: 0103209-00
 Date: 7/29/2016
 Fiscal Year End: 6/6/2015
 Audit Status: Amended Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	35.38	38.04	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

103233 - 2016/07

Medicaid Reimbursement Rate Change Form

Sacred Heart Hospital on the Emerald Coast
 7800 US Highway 98 West
 Destin, FL 32550-7228

Provider Number: 0103233-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	84.81	92.39	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

103284 - 2016/07

Medicaid Reimbursement Rate Change Form

Sister Emmanuel Hospital
 3663 South Miami Ave, 4th Floor
 Miami, FL 33133-

Provider Number: 0103284-00
 Date: 7/29/2016
 Fiscal Year End: 8/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

103373 - 2016/07

Medicaid Reimbursement Rate Change Form

Select Specialty Hospital-Miami
 955 NW 3rd Street, 8th Floor
 Miami, FL 33128-

Provider Number: 0103373-00
 Date: 7/29/2016
 Fiscal Year End: 8/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

103390 - 2016/07

Medicaid Reimbursement Rate Change Form

Select Specialty Hospital - Orlando
 (South Campus)
 601 E Rollins Street
 Orlando, FL 32803-

Provider Number: 0103390-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

103411 - 2016/07

Medicaid Reimbursement Rate Change Form

Charlton Memorial Hospital
 Post Office Box 188
 Folkston, GA 31537-

Provider Number: 0103411-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	129.76	139.50	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

103420 - 2016/07

Medicaid Reimbursement Rate Change Form

Lakewood Ranch Medical Center
 8330 Lakewood Ranch Boulevard
 Bradenton, FL 34202-

Provider Number: 0103420-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>71.23</u>	<u>76.58</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

103438 - 2016/07

Medicaid Reimbursement Rate Change Form

Select Specialty Hospital-Panama
 City
 615 N Bonita Avenue
 Panama City, FL 32401-

Provider Number: 0103438-00
 Date: 7/29/2016
 Fiscal Year End: 7/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>11.65</u>	<u>12.52</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

103454 - 2016/07

Medicaid Reimbursement Rate Change Form

Memorial Hospital Miramar
 1901 SW 172nd Avenue
 Miramar, FL 33029-

Provider Number: 0103454-00
 Date: 7/29/2016
 Fiscal Year End: 4/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>83.00</u>	<u>88.88</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

103462 - 2016/07

Medicaid Reimbursement Rate Change Form

St Cloud Regional Medical Center
 2906 17th Street
 Saint Cloud, FL 34769-

Provider Number: 0103462-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Amended Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	52.01	55.91	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

103535 - 2016/07

Medicaid Reimbursement Rate Change Form

Kindred Hospital Ocala
 1500 SW 1st Avenue, 5th Floor
 Ocala, FL 34474-

Provider Number: 0103535-00
 Date: 7/29/2016
 Fiscal Year End: 8/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
_____ Total Interim		_____ X _____ Total Prospective
_____ Settlement Based on Cost		

BASIS:

- _____ Budget
- X _____ Unaudited Costs
- _____ Field Audited Costs
- _____ Revised Field Audit
- _____ Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

103543 - 2016/07

Medicaid Reimbursement Rate Change Form

Doctors Hospital
 5000 University Drive
 Coral Gables, FL 33146-

Provider Number: 0103543-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	142.04	152.70	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

103551 - 2016/07

Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital of
 Spring Hill
 12440 Cortez Boulevard
 Brooksville, FL 34613-

Provider Number: 0103551-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>11.65</u>	<u>12.52</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

<u> </u>	Budget
<u>X</u>	Unaudited Costs
<u> </u>	Field Audited Costs
<u> </u>	Revised Field Audit
<u> </u>	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

103560 - 2016/07

Medicaid Reimbursement Rate Change Form

Healthsouth Ridgelake Hospital
 6150 Edgelake Drive
 Sarasota, FL 34240-

Provider Number: 0103560-00
 Date: 7/29/2016
 Fiscal Year End: 5/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

103683 - 2016/07

Medicaid Reimbursement Rate Change Form

Select Specialty Hospital Pensacola
 Inc
 7000 Cobble Creek Drive
 Pensacola, Fl 32504-

Provider Number: 0103683-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

103721 - 2016/07

Medicaid Reimbursement Rate Change Form

BayCare Alliant Hospital
 601 Main Street, MS 469
 Dunedin, FL 34698-

Provider Number: 0103721-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

103730 - 2016/07

Medicaid Reimbursement Rate Change Form

St. Vincent's Medical Center
 Southside
 4201 Belfort Road
 Jacksonville, FL 32215-

Provider Number: 0103730-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>63.83</u>	<u>68.62</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

103748 - 2016/07

Medicaid Reimbursement Rate Change Form

Select Specialty Hospital -
 Tallahassee
 1554 Surgeon's Drive
 Tallahassee, FL 32308-

Provider Number: 0103748-00
 Date: 7/29/2016
 Fiscal Year End: 2/28/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

103764 - 2016/07

Medicaid Reimbursement Rate Change Form

Select Specialty Hospital-Palm Beach
 3060 Melaleuca Lane
 Lake Worth, FL 33461-

Provider Number: 0103764-00
 Date: 7/29/2016
 Fiscal Year End: 11/30/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>11.65</u>	<u>12.52</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		<u>X</u> Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

103772 - 2016/07

Medicaid Reimbursement Rate Change Form

Select Speciality Hospital Gainesville
 Inc.
 2708 SW Archer Road
 Gainesville, FL 32608-

Provider Number: 0103772-00
 Date: 7/29/2016
 Fiscal Year End: 7/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

104591 - 2016/07

Medicaid Reimbursement Rate Change Form

Northwest Medical Center
 5801 North State Road 7
 Margate, FL 33063-

Provider Number: 0104591-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	41.09	44.18	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

105520 - 2016/07

Medicaid Reimbursement Rate Change Form

Medical Center of Trinity
 5637 Marine Parkway
 New Port Richey, FL 34652-

Provider Number: 0105520-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	35.23	37.87	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

106470 - 2016/07

Medicaid Reimbursement Rate Change Form

Specialty Hospital Jacksonville
 4901 Richard Street
 Jacksonville, FL 32207-

Provider Number: 0106470-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>11.65</u>	<u>12.52</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

108219 - 2016/07

Medicaid Reimbursement Rate Change Form

Broward Health Imperial Point
 1608 S.E. 3rd Avenue
 Ft. Lauderdale, FL 33316-

Provider Number: 0108219-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	80.84	86.55	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

108219 - 2016/07

Medicaid Reimbursement Rate Change Form

Broward Health Imperial Point
 1608 S.E. 3rd Avenue
 Ft. Lauderdale, FL 33316-

Provider Number: 0108219-05
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	80.84	86.55	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

108626 - 2016/07

Medicaid Reimbursement Rate Change Form

North Florida Regional Medical
 Center
 P.O. Box NFR
 Gainesville, FL 32602-

Provider Number: 0108626-00
 Date: 7/29/2016
 Fiscal Year End: 2/28/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	80.08	86.10	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

109592 - 2016/07

Medicaid Reimbursement Rate Change Form

Bayfront Health Dade City
 13100 Fort King Road
 Dade City, FL 33525-

Provider Number: 0109592-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>55.12</u>	<u>59.26</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

109606 - 2016/07

Medicaid Reimbursement Rate Change Form

Coral Gables Hospital
 P.O. BOX 610
 Coral Gables, FL 33134-

Provider Number: 0109606-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	69.98	75.23	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

109886 - 2016/07

Medicaid Reimbursement Rate Change Form

Ocala Regional Medical Center
 1431 SW 1st Avenue Post Office Box
 2200
 Ocala, FL 32678-

Provider Number: 0109886-00
 Date: 7/29/2016
 Fiscal Year End: 8/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	38.93	41.85	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

110213 - 2016/07

Medicaid Reimbursement Rate Change Form

Blake Memorial Hospital
 2020 59th St. West
 Bradenton, FL 33505-

Provider Number: 0110213-00
 Date: 7/29/2016
 Fiscal Year End: 4/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	58.57	62.97	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

111325 - 2016/07

Medicaid Reimbursement Rate Change Form

Ft. Walton Beach Medical Center
 1000 Mar-Walt Drive
 Ft. Walton, FL 32547-

Provider Number: 0111325-00
 Date: 7/29/2016
 Fiscal Year End: 5/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	37.31	40.11	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

111341 - 2016/07

Medicaid Reimbursement Rate Change Form

Gulf Coast Medical Center Lee
 Memorial Health System
 PO Box 151247
 Cape Coral, FL 33915-

Provider Number: 0111341-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	72.26	77.69	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

111741 - 2016/07

Medicaid Reimbursement Rate Change Form

Orange Park Medical Center
 2001 Kingsley Avenue
 Orange Park, FL 32073-

Provider Number: 0111741-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	67.64	72.71	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

112305 - 2016/07

Medicaid Reimbursement Rate Change Form

Westside Regional Medical Center
 8201 West Broward Blvd.
 Plantation, FL 33324-

Provider Number: 0112305-00
 Date: 7/29/2016
 Fiscal Year End: 1/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	40.84	43.90	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

112798 - 2016/07

Medicaid Reimbursement Rate Change Form

Memorial Hospital Of Tampa
 2901 Swann Avenue
 Tampa, FL 33609-0409

Provider Number: 0112798-00
 Date: 7/29/2016
 Fiscal Year End: 10/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	106.15	114.12	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

<u> </u>	Budget
<u>X</u>	Unaudited Costs
<u> </u>	Field Audited Costs
<u> </u>	Revised Field Audit
<u> </u>	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

112801 - 2016/07

Medicaid Reimbursement Rate Change Form

University Hospital and Medical
 Center
 7201 University Drive
 Tamarac, FL 33321-

Provider Number: 0112801-00
 Date: 7/29/2016
 Fiscal Year End: 4/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	50.95	54.77	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

113212 - 2016/07

Medicaid Reimbursement Rate Change Form

West Florida Hospital
 8383 North Davis Hwy.
 Pensacola, FL 32514-

Provider Number: 0113212-00
 Date: 7/29/2016
 Fiscal Year End: 5/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	54.56	58.66	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

113514 - 2016/07

Medicaid Reimbursement Rate Change Form

Putnam Community Hospital
 P.O. Drawer 778
 Palatka, FL 32007-

Provider Number: 0113514-00
 Date: 7/29/2016
 Fiscal Year End: 8/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	86.84	94.88	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

115193 - 2016/07

Medicaid Reimbursement Rate Change Form

Northside Hospital
 6000 49th St. North
 St. Petersburg, FL 33709-

Provider Number: 0115193-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	59.82	64.31	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

116483 - 2016/07

Medicaid Reimbursement Rate Change Form

Anne Bates Leach Eye Hospital
 900 NW 17th St.
 Miami, FL 33136-

Provider Number: 0116483-00
 Date: 7/29/2016
 Fiscal Year End: 5/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	252.03	270.95	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

117463 - 2016/07

Medicaid Reimbursement Rate Change Form

Fawcett Memorial Hospital
 PO BOX 494960
 Port Charlotte, FL 33952-

Provider Number: 0117463-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	67.58	72.66	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

117617 - 2016/07

Medicaid Reimbursement Rate Change Form

Gulf Coast Regional Medical Center
 449 West 23rd Street
 Panama City, FL 32405-

Provider Number: 0117617-00
 Date: 7/29/2016
 Fiscal Year End: 1/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	55.42	59.58	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

118079 - 2016/07

Medicaid Reimbursement Rate Change Form

Brandon Regional Hospital
 119 Oakfield Drive
 Brandon, FL 33511-

Provider Number: 0118079-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	60.56	65.11	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

119695 - 2016/07

Medicaid Reimbursement Rate Change Form

Lawnwood Regional Medical Center
 & Heart Institute
 P.O. Box 188
 Ft Pierce, FL 33450-

Provider Number: 0119695-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	67.39	72.19	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

119717 - 2016/07

Medicaid Reimbursement Rate Change Form

Cape Coral Hospital
 PO Box 151247
 Cape Coral, FL 33915-

Provider Number: 0119717-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	52.12	56.04	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

119733 - 2016/07

Medicaid Reimbursement Rate Change Form

Venice Regional Bayfront Health
 540 THE RIALTO
 Venice, FL 34285-

Provider Number: 0119733-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	47.06	50.59	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

119741 - 2016/07

Medicaid Reimbursement Rate Change Form

Largo Medical Center
 201 14th St., SW
 Largo, FL 33540-

Provider Number: 0119741-00
 Date: 7/29/2016
 Fiscal Year End: 2/28/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	72.35	77.58	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

119750 - 2016/07

Medicaid Reimbursement Rate Change Form

Raulerson Hospital
 P.O.Box 1307
 Okeechobee, FL 34974-

Provider Number: 0119750-00
 Date: 7/29/2016
 Fiscal Year End: 4/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	88.18	95.92	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

119768 - 2016/07

Medicaid Reimbursement Rate Change Form

Lake City Medical Center
 1050 N. Commerce Blvd
 Lake City, FL 32055-

Provider Number: 0119768-00
 Date: 7/29/2016
 Fiscal Year End: 10/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>70.25</u>	<u>75.53</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

119784 - 2016/07

Medicaid Reimbursement Rate Change Form

Florida State Hospital-Med
 Medicaid Billing Office
 Chattahoochee, FL 32324-

Provider Number: 0119784-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
_____ Total Interim		_____ X _____ Total Prospective
_____ Settlement Based on Cost		

BASIS:

- _____ Budget
- X _____ Unaudited Costs
- _____ Field Audited Costs
- _____ Revised Field Audit
- _____ Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

119806 - 2016/07

Medicaid Reimbursement Rate Change Form

Capital Regional Medical Center
 2626 CAPITAL MEDICAL BLVD
 Tallahassee, FL 32308-

Provider Number: 0119806-00
 Date: 7/29/2016
 Fiscal Year End: 4/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	66.30	71.27	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

119849 - 2016/07

Medicaid Reimbursement Rate Change Form

Tampa Community Hospital
 6001 Webb Road
 Tampa, FL 33615-

Provider Number: 0119849-00
 Date: 7/29/2016
 Fiscal Year End: 10/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	64.24	69.07	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

119881 - 2016/07

Medicaid Reimbursement Rate Change Form

Regional Medical Center Bayonet
 Point
 14000 FIVAY RD
 Hudson, FL 34667-

Provider Number: 0119881-00
 Date: 7/29/2016
 Fiscal Year End: 2/28/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	62.69	67.39	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

119938 - 2016/07

Medicaid Reimbursement Rate Change Form

Kindred Hospital-South Florida-Coral
 Gables
 5190 SW 8TH ST
 Coral Gables, FL 33134-

Provider Number: 0119938-00
 Date: 7/29/2016
 Fiscal Year End: 8/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

119946 - 2016/07

Medicaid Reimbursement Rate Change Form

South Bay Hospital
 4016 STATE RD 674 EAST
 Sun City Center, FL 33570-

Provider Number: 0119946-00
 Date: 7/29/2016
 Fiscal Year End: 8/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	60.75	65.31	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
_____ Total Interim		_____ X _____ Total Prospective
_____ Settlement Based on Cost		

BASIS:

- _____ Budget
- X _____ Unaudited Costs
- _____ Field Audited Costs
- _____ Revised Field Audit
- _____ Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

119954 - 2016/07

Medicaid Reimbursement Rate Change Form

Doctors Hospital Of Sarasota
 5731 Bee Ridge Road
 Sarasota, FL 34233-

Provider Number: 0119954-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	63.11	67.85	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

119971 - 2016/07

Medicaid Reimbursement Rate Change Form

St. Lucie Medical Center
 1800 SE TIFFANY AVE.
 Port St Lucie, FL 34952-

Provider Number: 0119971-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	69.85	75.09	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

119989 - 2016/07

Medicaid Reimbursement Rate Change Form

Seven Rivers Regional Medical
 Center
 6201 N Suncoast Blvd.
 Crystal River, FL 32629-

Provider Number: 0119989-00
 Date: 7/29/2016
 Fiscal Year End: 5/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>50.90</u>	<u>53.02</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120006 - 2016/07

Medicaid Reimbursement Rate Change Form

Plantation General Hospital
 401 NW 42ND AVENUE
 Plantation, FL 33317-

Provider Number: 0120006-00
 Date: 7/29/2016
 Fiscal Year End: 8/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	79.64	85.62	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120006 - 2016/07

Medicaid Reimbursement Rate Change Form

Plantation General Hospital
 401 NW 42ND AVENUE
 Plantation, FL 33317-

Provider Number: 0120006-01
 Date: 7/29/2016
 Fiscal Year End: 8/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	79.64	85.62	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120014 - 2016/07

Medicaid Reimbursement Rate Change Form

Sebastian Hospital
 P.O. BOX 780838
 Sebastian, FL 32978-

Provider Number: 0120014-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Amended Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	59.23	63.68	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120022 - 2016/07

Medicaid Reimbursement Rate Change Form

St. Catherine's Rehabilitation Hospital
 1050 NE 125 ST
 North Miami, FL 33161-

Provider Number: 0120022-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120057 - 2016/07

Medicaid Reimbursement Rate Change Form

Healthsouth Larkin Hospital-Miami
 7031 SW 62 AVE.
 South Miami, FL 33143-

Provider Number: 0120057-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	126.03	135.49	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120073 - 2016/07

Medicaid Reimbursement Rate Change Form

Oak Hill Hospital
 P.O. BOX 5300
 Spring Hill, FL 33526-

Provider Number: 0120073-00
 Date: 7/29/2016
 Fiscal Year End: 2/28/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	52.64	56.59	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120081 - 2016/07

Medicaid Reimbursement Rate Change Form

Mease Countryside Hospital
 16331 BayVista Drive
 Clearwater, FL 33760-

Provider Number: 0120081-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	63.91	68.71	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120090 - 2016/07

Medicaid Reimbursement Rate Change Form

Delray Comm. Hosp.
 5352 Linton Blvd
 Delray Beach, FL 33445-

Provider Number: 0120090-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	75.76	81.74	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120103 - 2016/07

Medicaid Reimbursement Rate Change Form

St. Petersburg General Hospital
 6500 38TH AVE., NORTH
 St Petersburg, FL 33710-

Provider Number: 0120103-00
 Date: 7/29/2016
 Fiscal Year End: 4/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	70.28	75.56	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120111 - 2016/07

Medicaid Reimbursement Rate Change Form

Palms Of Pasadena Hospital
 1501 Pasadena Ave.
 South Pasadena, FL 33707-

Provider Number: 0120111-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	80.05	86.06	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120138 - 2016/07

Medicaid Reimbursement Rate Change Form

Kendall Regional Medical Center
 11750 SW 40TH ST
 Miami, FL 33175-

Provider Number: 0120138-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	61.22	65.81	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120227 - 2016/07

Medicaid Reimbursement Rate Change Form

St Antonys Hospital
 3001 W. ML King Blvd. Post Office
 Box 4227
 Tampa, FL 33677-4227

Provider Number: 0120227-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	92.73	99.69	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
_____ Total Interim		_____ X _____ Total Prospective
_____ Settlement Based on Cost		

BASIS:

- _____ Budget
- X _____ Unaudited Costs
- _____ Field Audited Costs
- _____ Revised Field Audit
- _____ Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120243 - 2016/07

Medicaid Reimbursement Rate Change Form

W. Boca Med. Ctr.
 21644 STATE RD 7
 Boca Raton, FL 33428-

Provider Number: 0120243-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	69.02	74.20	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120260 - 2016/07

Medicaid Reimbursement Rate Change Form

Palms West Hospital
 P.O. BOX 1150
 Loxahatchee, FL 33470-

Provider Number: 0120260-00
 Date: 7/29/2016
 Fiscal Year End: 5/31/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	67.58	72.65	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120278 - 2016/07

Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital-
 Sunrise
 4399 NOB HILL RD
 Ft Lauderdale, FL 33351-

Provider Number: 0120278-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
_____ Total Interim		_____ Total Prospective
_____ Settlement Based on Cost		

BASIS:

- _____ Budget
- X _____ Unaudited Costs
- _____ Field Audited Costs
- _____ Revised Field Audit
- _____ Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120294 - 2016/07

Medicaid Reimbursement Rate Change Form

Jupiter Hospital
 1210 S Old Dixie Highway
 Jupiter, FL 33458-

Provider Number: 0120294-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	63.30	68.06	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
_____ Total Interim		_____ X _____ Total Prospective
_____ Settlement Based on Cost		

BASIS:

- _____ Budget
- X _____ Unaudited Costs
- _____ Field Audited Costs
- _____ Revised Field Audit
- _____ Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120308 - 2016/07

Medicaid Reimbursement Rate Change Form

West Palm Hospital
 2201 45TH ST
 West Palm Beach, FL 33407-

Provider Number: 0120308-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	73.94	79.49	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120324 - 2016/07

Medicaid Reimbursement Rate Change Form

H Lee Moffitt Cancer Center &
 Research Institute Hospital
 12902 Magnolia Drive
 Tampa, FL 33612-9497

Provider Number: 0120324-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	263.48	283.26	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120324 - 2016/07

Medicaid Reimbursement Rate Change Form

H Lee Moffitt Cancer Center &
 Research Institute Hospital
 12902 Magnolia Drive
 Tampa, FL 33612-9497

Provider Number: 0120324-02
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	263.48	283.26	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120332 - 2016/07

Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital of
 Tallahassee
 1675 RIGGINS RD
 Tallahassee, FL 32308-

Provider Number: 0120332-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	55.39	59.55	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120341 - 2016/07

Medicaid Reimbursement Rate Change Form

HealthSouth Treasure Coast
 Rehabilitation Hospital
 1600 37TH ST
 Vero Beach, FL 32960-

Provider Number: 0120341-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120375 - 2016/07

Medicaid Reimbursement Rate Change Form

Aventura Hospital and Medical Center
 20900 Biscayne Blvd
 Miami, FL 33180-

Provider Number: 0120375-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	33.75	36.29	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
Total Interim		Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120383 - 2016/07

Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital
 Sarasota
 6400 Edgelake Drive
 Sarasota, FL 34240

Provider Number: 0120383-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120405 - 2016/07

Medicaid Reimbursement Rate Change Form

Broward Health Coral Springs
 303 South East 17th St.
 Ft. Lauderdale, FL 33316-

Provider Number: 0120405-00
 Date: 7/29/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	77.13	82.64	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120413 - 2016/07

Medicaid Reimbursement Rate Change Form

Bartow Regional Medical Center
 2200 Osprey Blvd Post Office Box
 1050
 Bartow, FL 33830-

Provider Number: 0120413-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2015
 Audit Status: Amended Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	45.60	49.02	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

120421 - 2016/07

Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital-
 Sea Pines
 101 E Florida Ave.
 Melbourne, FL 32901-

Provider Number: 0120421-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

141144 - 2016/07

Medicaid Reimbursement Rate Change Form

Kingsbay Community Hospital
 2000 Dan Proctor Drive
 Saint Marys , GA 31558

Provider Number: 0141144-00
 Date: 7/29/2016
 Fiscal Year End: 4/30/2014
 Audit Status: Interim Budget

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<input checked="" type="checkbox"/> <u>Interim</u>	<input type="checkbox"/> <u>Prospective</u>
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input checked="" type="checkbox"/> Settlement Based on Cost	

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

142355 - 2016/07

Medicaid Reimbursement Rate Change Form

Healthsouth Rehabilitation of
 Altamonte Springs
 831 S State Road 434
 Altamonte Springs, FL 32714

Provider Number: 0142355-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2015
 Audit Status: Interim Budget

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.65	12.52	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<input checked="" type="checkbox"/> <u>Interim</u>	<input type="checkbox"/> <u>Prospective</u>
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input checked="" type="checkbox"/> Settlement Based on Cost	

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

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Florida Agency For Health Care Administration
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 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

260011 - 2016/07

Medicaid Reimbursement Rate Change Form

Florida State Hospital
 Building 260
 Chattahoochee, FL 32324-

Provider Number: 0260011-00
 Date: 8/9/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	453.42	482.92	7/1/2016
Outpatient	14.53	13.04	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
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 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

260029 - 2016/07

Medicaid Reimbursement Rate Change Form

Northeast Florida State Hospital
 HWY 121 SOUTH
 Macclenny, FL 32063-

Provider Number: 0260029-00
 Date: 8/9/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	373.72	328.38	7/1/2016
Outpatient	14.53	13.04	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

260045 - 2016/07

Medicaid Reimbursement Rate Change Form

So. Fla. State Hosp
 800 East Cypress Dr
 Pembroke Pines, FL 33025-

Provider Number: 0260045-00
 Date: 8/9/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	201.33	231.27	7/1/2016
Outpatient	14.53	13.04	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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260053 - 2016/07

Medicaid Reimbursement Rate Change Form

W. Fla. Comm. Care
 5500 Stewart St.
 Milton, FL 32570-

Provider Number: 0260053-00
 Date: 8/9/2016
 Fiscal Year End: 6/30/2015
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	183.01	263.25	7/1/2016
Outpatient	14.53	13.04	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102814 - 2016/07

Medicaid Reimbursement Rate Change Form

University of South Alabama Medical
 Center
 1504 Springhill Ave Suite #3170
 Mobile, AL 36604-

Provider Number: 0102814-00
 Date: 7/29/2016
 Fiscal Year End: 9/30/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2016</u>
Outpatient	<u>11.65</u>	<u>12.52</u>	<u>7/1/2016</u>
Inpatient County Billing Rate			<u>7/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102814 - 2016/07

Medicaid Reimbursement Rate Change Form

Infirmiry West
 5600 Girby Road
 Mobile, AL 36693-

Provider Number: 0102814-02
 Date: 7/29/2016
 Fiscal Year End: 3/31/2000
 Audit Status: Interim Budget

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	11.95	12.85	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<input checked="" type="checkbox"/> <u>Interim</u>	<input type="checkbox"/> <u>Prospective</u>
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input checked="" type="checkbox"/> Settlement Based on Cost	

BASIS:

- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102814 - 2016/07

Medicaid Reimbursement Rate Change Form

U.S.A Children's & Women's Hospital
 1504 Springhill Ave #3170
 Mobile, AL 36604-

Provider Number: 0102814-01
 Date: 7/29/2016
 Fiscal Year End: 9/30/2014
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	DRG	DRG	7/1/2016
Outpatient	111.24	119.59	7/1/2016
Inpatient County Billing Rate			7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim		<u>X</u> Total Prospective
<u> </u> Settlement Based on Cost		

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate