



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

004170 - 2011/07

902.50 / 15.15

Kindred Hospital The Palm Beaches

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2009-5/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,332,406	84,553	7,646	0	Total Bed Days	25,550
2. Routine	10,019,053		18,944		Total Inpatient Days	12,490
3. Special Care	3,227,926		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	18
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,862
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-297,373	-1,222	-384	0	Medicaid Paid Claims	0
9. Total Cost	20,282,012	83,331	26,206	0	Property Rate Allowance	0.80
10. Charges	\$65,246,519	\$752,946	\$52,567	0	First Semester in effect:	2008/07
11. Fixed Costs	3,180,862.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,450.64		0.00	County Ceiling Base	984.29	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,385.58	NA	Cost Report DRI Index	1.847
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,783.57	188.33	FPLI	1.0251

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200			Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)		20,282,011.80	
AB	Total Fixed Costs		(-) 3,180,862.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		17,101,149.80	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		18,573,311.59	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		12,490	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		1,487.05	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		1,415.00	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		1,415.00	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		1,783.57	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		1,005.19	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		1,005.19	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		1,005.19	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		203.74	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		1,208.93	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		\$65,246,519.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		5,223.90	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		5,673.60	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)		\$1,208.93	\$19.53
AU	Medicaid Trend Adjustment	IP% : 25.347 OP% : 22.423	\$306.43	\$4.38
AV	Exemption Tier Adj		0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00	0.00
AX	Buy Back of Exemption Tier Adjustment		0.00	0.00
AY	Final Prospective Rates		902.50	15.15



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

009496 - 2011/07

725.95 / 15.15

UCHLTACH at Connerton

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Pasco (51)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0	0	0	0	Total Bed Days	0
2. Routine	7,274,672		243,100		Total Inpatient Days	4,964
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	149
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	150,000	0	4,502	0	Prospective Inflation factor	1.0000000000
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	7,424,672	0	247,602	0	Property Rate Allowance	0.80
10. Charges	\$15,251,119	\$0	\$457,534	0	First Semester in effect:	2009/01
11. Fixed Costs	828,665.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,381.83		0.00	County Ceiling Base	821.44	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	NA	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,673.09	176.67	FPLI	0.9616

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	7,424,672.00	
AB	Total Fixed Costs	(-) 828,665.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	6,596,007.00	
AE	Variable Operating Cost - NOT Inflated due to Interim status	6,596,007.00	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	4,964	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,328.77	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,328.77	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	1,673.09	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	838.88	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	838.88	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	838.88	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	133.55	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	972.43	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$15,251,119.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,072.34	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,072.34	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$972.43	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$246.48	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	725.95	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

016815 - 2011/07

1,247.38 / 15.15

Kindred Hospital Melbourne

Type of Control: Proprietary(1)
 Fiscal Year : 1/13/2010-7/31/2010
 Hospital Classification: General

Type of Action: Interim Budget [4]

County: Brevard (5)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,962,745	0	172,777	0	Total Bed Days	21,900
2. Routine	2,651,150		155,240		Total Inpatient Days	1,769
3. Special Care	1,607,960		207,926		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	120
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	731
7. Malpractice					Prospective Inflation factor	1.0000000000
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	6,221,855	0	535,943	0	Property Rate Allowance	0.80
10. Charges	\$7,782,912	\$0	\$593,727	0	First Semester in effect:	2009/07
11. Fixed Costs	1,589,643.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,809.60		0.00	County Ceiling Base	932.23	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	NA	Cost Report DRI Index	1.882
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,621.59	171.23	FPLI	0.9320

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200				Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)			6,221,855.00	
AB	Total Fixed Costs			(-) 1,589,643.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)			4,632,212.00	
AE	Variable Operating Cost - NOT Inflated due to Interim status			4,632,212.00	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			1,769	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			2,618.55	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			2,618.55	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county			1,621.59	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			952.02	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			952.02	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			952.02	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			718.89	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			1,670.91	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			\$7,782,912.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			4,399.61	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)			4,399.61	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)			\$1,670.91	\$19.53
AU	Medicaid Trend Adjustment	IP% : 25.347	OP% : 22.423	\$423.53	\$4.38
AV	Exemption Tier Adj			0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment			0.00	0.00
AX	Buy Back of Exemption Tier Adjustment			0.00	0.00
AY	Final Prospective Rates			1,247.38	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

020127 - 2011/07

1,084.37 / 225.38

Sacred Heart Hospital on the Gulf

Type of Control: Proprietary(1)

Fiscal Year : 7/10/2010-6/30/2011

Hospital Classification: Rural Hospital

Type of Action: Interim Budget [4]

County: Gulf (23)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0	7,864,917	0	316,412	Total Bed Days	0
2. Routine	3,908,500		302,397		Total Inpatient Days	3,077
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	238
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0000000000
8. Adjustments	0	0	0	0	Medicaid Paid Claims	1,245
9. Total Cost	3,908,500	7,864,917	302,397	316,412	Property Rate Allowance	1.00
10. Charges	\$11,485,453	\$23,111,715	\$888,620	929,820	First Semester in effect:	2010/01
11. Fixed Costs	2,500,000.00		193,422.93		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	503.04		279.22	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.941
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,583.66	167.22	FPLI	0.9102

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	302,397.00	316,412.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 193,422.93	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	108,974.07	316,412.00
AE	Variable Operating Cost - NOT Inflated due to Interim status	108,974.07	316,412.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	238	1,245
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	457.87	254.15
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	457.87	254.15
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9102) for Gulf county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	457.87	254.15
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	812.70	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,270.57	254.15
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$888,620.00	929,820.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,733.70	746.84
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,733.70	746.84
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,270.57	\$254.15
AU	Medicaid Trend Adjustment IP% : 14.655 OP% : 11.321	\$186.20	\$28.77
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,084.37	225.38



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

025766 - 2011/07

2,508.89 / 203.81

Shriners Hospital for Children

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2011-12/31/2011

Hospital Classification: Specialized:Children's

Type of Action: Interim Budget [4]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,506,858	5,972,974	1,503,476	1,648,142	Total Bed Days	21,900
2. Routine	5,341,767		926,403		Total Inpatient Days	4,561
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	791
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0000000000
8. Adjustments	0	0	0	0	Medicaid Paid Claims	7,171
9. Total Cost	11,848,625	5,972,974	2,429,879	1,648,142	Property Rate Allowance	0.80
10. Charges	\$14,308,931	\$13,099,547	\$4,916,194	3,927,163	First Semester in effect:	2009/07
11. Fixed Costs	1,522,000.00		522,921.47		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,578.69		245.83	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.975
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,626.63	171.76	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,429,879.00	1,648,142.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 522,921.47	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,906,957.53	1,648,142.00
AE	Variable Operating Cost - NOT Inflated due to Interim status	1,906,957.53	1,648,142.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	791	7,171
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,410.82	229.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,410.82	229.83
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,410.82	229.83
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	528.87	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,939.69	229.83
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$4,916,194.00	3,927,163.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,215.16	547.65
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,215.16	547.65
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,939.69	\$229.83
AU	Medicaid Trend Adjustment IP% : 14.655 OP% : 11.321	\$430.80	\$26.02
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,508.89	203.81



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

025766 - 2011/07

2,508.89 / 150.35

County Billing ONLY

Shriners Hospital for Children

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2011-12/31/2011

Hospital Classification: Specialized:Children's

Type of Action: Interim Budget [4]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,506,858	5,972,974	1,503,476	1,648,142	Total Bed Days	21,900
2. Routine	5,341,767		926,403		Total Inpatient Days	4,561
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	791
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0000000000
8. Adjustments	0	0	0	0	Medicaid Paid Claims	7,171
9. Total Cost	11,848,625	5,972,974	2,429,879	1,648,142	Property Rate Allowance	0.80
10. Charges	\$14,308,931	\$13,099,547	\$4,916,194	3,927,163	First Semester in effect:	2009/07
11. Fixed Costs	1,522,000.00		522,921.47		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,578.69		245.83	County Ceiling Base	Exempt	164.39
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.975
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,626.63	171.76	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,429,879.00	1,648,142.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 522,921.47	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,906,957.53	1,648,142.00
AE	Variable Operating Cost - NOT Inflated due to Interim status	1,906,957.53	1,648,142.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	791	7,171
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,410.82	229.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,410.82	229.83
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	Exempt	171.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	169.55
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	169.55
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,410.82	169.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	528.87	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,939.69	169.55
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$4,916,194.00	3,927,163.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,215.16	547.65
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,215.16	547.65
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,939.69	\$169.55
AU	Medicaid Trend Adjustment IP% : 14.655 OP% : 11.321	\$430.80	\$19.20
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	2,508.89	150.35



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

031588 - 2011/07

1,243.60 / 123.90

Viera Hospital

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 4/1/2009-9/30/2010

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,749,286	13,532,258	430,209	463,158	Total Bed Days	18,200
2. Routine	13,379,083		504,638		Total Inpatient Days	9,652
3. Special Care	2,692,234		107,245		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	386
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,052
7. Malpractice					Prospective Inflation factor	1.0000000000
8. Adjustments	0	0	0	0	Medicaid Paid Claims	2,900
9. Total Cost	24,820,603	13,532,258	1,042,092	463,158	Property Rate Allowance	0.80
10. Charges	\$49,212,002	\$54,610,336	\$1,910,323	1,962,299	First Semester in effect:	2011/01
11. Fixed Costs	8,872,736.00		344,423.94		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,939.30		171.36	County Ceiling Base	932.23	167.05
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,621.59	171.23	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,042,092.00	463,158.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 344,423.94	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	697,668.06	463,158.00
AE	Variable Operating Cost - NOT Inflated due to Interim status	697,668.06	463,158.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	386	2,900
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,807.43	159.71
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,807.43	159.71
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	1,621.59	171.23
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	952.02	172.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	952.02	171.23
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	952.02	159.71
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	713.83	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,665.85	159.71
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,910,323.00	1,962,299.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,949.02	676.65
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,949.02	676.65
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,665.85	\$159.71
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$422.25	\$35.81
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,243.60	123.90



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100030 - 2011/07

2,588.46 / 252.89

Shands Teaching Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: Specialized: Statutory Teaching

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Alachua (1)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	407,456,610	197,947,205	84,470,433	32,201,412	Total Bed Days	317,376
2. Routine	165,486,331		33,149,940		Total Inpatient Days	237,830
3. Special Care	80,925,453		20,396,265		Total Newborn Days	17,331
4. Newborn Routine	9,829,302		5,998,746		Medicaid Inpatient Days	50,582
5. Intern-Resident	0		0		Medicaid Newborn IP Days	8,198
6. Home Health					Medicare Inpatient Days	83,036
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0	0	0	0	Medicaid Paid Claims	137,618
9. Total Cost	663,697,696	197,947,205	144,015,384	32,201,412	Property Rate Allowance	0.80
10. Charges	\$1,711,825,698	\$708,909,197	\$355,255,198	99,952,234	First Semester in effect:	2011/07
11. Fixed Costs	60,147,345.00		12,482,378.89		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,743.08	286.83	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,534.07	161.99	FPLI	0.8817
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	144,015,384.00	32,201,412.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 12,482,378.89	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	131,533,005.11	32,201,412.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	142,163,366.51	34,803,896.81
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	58,780	137,618
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,418.57	252.90
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,418.57	252.90
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8817) for Alachua county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,418.57	252.90
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	169.89	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,588.46	252.90
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$355,255,198.00	99,952,234.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,043.81	726.30
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,532.26	785.00
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,588.46	\$252.90
AU	Medicaid Trend Adjustment IP% : 24.186 OP% : 21.591	\$626.05	\$54.60
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 72\%)$	201.40	21.97
AW	Buy Back of Medicaid Trend Adjustment	626.05	54.60
AX	Buy Back of Exemption Tier Adjustment	201.40	21.97
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,588.46	252.89



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100030 - 2011/07

1,224.07 / 118.54

County Billing ONLY

Shands Teaching Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: Specialized: Statutory Teaching

Type of Action: Unaudited Cost Report [1]

County: Alachua (1)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	407,456,610	197,947,205	84,470,433	32,201,412	Total Bed Days	317,376
2. Routine	165,486,331		33,149,940		Total Inpatient Days	237,830
3. Special Care	80,925,453		20,396,265		Total Newborn Days	17,331
4. Newborn Routine	9,829,302		5,998,746		Medicaid Inpatient Days	50,582
5. Intern-Resident	0		0		Medicaid Newborn IP Days	8,198
6. Home Health					Medicare Inpatient Days	83,036
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0	0	0	0	Medicaid Paid Claims	137,618
9. Total Cost	663,697,696	197,947,205	144,015,384	32,201,412	Property Rate Allowance	0.80
10. Charges	\$1,711,825,698	\$708,909,197	\$355,255,198	99,952,234	First Semester in effect:	2011/07
11. Fixed Costs	60,147,345.00		12,482,378.89		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt			Semester DRI Index
1. Normalized Rate	2,743.08	286.83	Variable Cost Base	1,439.24	214.17	Cost Report DRI Index	1.856
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,534.07	161.99	FPLI	0.8817
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	144,015,384.00	32,201,412.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 12,482,378.89	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	131,533,005.11	32,201,412.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	142,163,366.51	34,803,896.81
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	58,780	137,618
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,418.57	252.90
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,469.80	220.89
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,469.80	220.89
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8817) for Alachua county	Exempt	161.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	152.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	152.81
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,469.80	152.81
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	169.89	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,639.69	152.81
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$355,255,198.00	99,952,234.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,043.81	726.30
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,532.26	785.00
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,639.69	\$152.81
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$415.62	\$34.27
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,224.07	118.54



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100048 - 2011/07

11,188.61 / 88.62

Ed Fraser Memorial Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Rural Hospital

Type of Action: Amended Cost Report [2]
: Rate Includes Buy Back

County: Baker (2)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	85,638	8,710,025	0	499,982	Total Bed Days	8,760
2. Routine	1,339,689		17,627		Total Inpatient Days	50
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	30
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-14,803	-90,463	-183	-5,193	Medicaid Paid Claims	5,967
9. Total Cost	1,410,524	8,619,562	17,444	494,789	Property Rate Allowance	1.00
10. Charges	\$523,455	\$37,913,355	\$0	2,050,583	First Semester in effect:	2011/07
11. Fixed Costs	1,431,311.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	-465.89	92.92	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,659.34	175.21	FPLI	0.9537
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	1,410,523.52	494,789.18
AB	Total Fixed Costs	(-) 1,431,311.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	-20,787.48	494,789.18
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	-22,216.13	528,794.40
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	50	5,967
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	-444.32	88.62
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	-444.32	88.62
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9537) for Baker county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	-444.32	88.62
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	28,626.22	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	28,181.90	88.62
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$523,455.00	2,050,583.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,469.10	343.65
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	11,188.61	367.27
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$11,188.61	\$88.62
AU	Medicaid Trend Adjustment IP% : 10.980 OP% : 9.290	\$1,228.56	\$8.23
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	1,228.56	8.23
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	11,188.61	88.62



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100064 - 2011/07

1,381.76 / 132.67

Bay Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Bay (3)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	60,529,952	60,021,301	9,533,509	7,164,535	Total Bed Days	117,895
2. Routine	32,469,713		5,230,303		Total Inpatient Days	72,843
3. Special Care	24,742,807		1,830,380		Total Newborn Days	601
4. Newborn Routine	455,429		265,227		Medicaid Inpatient Days	11,270
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1
6. Home Health					Medicare Inpatient Days	40,262
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-1,705,037	-865,823	-243,202	-103,350	Medicaid Paid Claims	53,834
9. Total Cost	116,492,864	59,155,478	16,616,217	7,061,185	Property Rate Allowance	0.80
10. Charges	\$441,458,939	\$372,947,661	\$60,922,871	42,054,064	First Semester in effect:	2011/07
11. Fixed Costs	18,244,790.00		2,517,844.56		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,492.15	156.47	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,558.78	164.59	FPLI	0.8959
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	16,616,217.34	7,061,184.65
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,517,844.56	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	14,098,372.78	7,061,184.65
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	15,067,307.30	7,546,476.51
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	11,271	53,834
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,336.82	140.18
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,336.82	140.18
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,336.82	140.18
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	178.71	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,515.53	140.18
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$60,922,871.00	42,054,064.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,405.28	781.18
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,776.77	834.87
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,515.53	\$140.18
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$384.15	\$31.43
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	133.77	7.51
AW	Buy Back of Medicaid Trend Adjustment	384.15	31.43
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,381.76	132.67



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100064 - 2011/07

726.03 / 85.99

County Billing ONLY

Bay Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Bay (3)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	60,529,952	60,021,301	9,533,509	7,164,535	Total Bed Days	117,895
2. Routine	32,469,713		5,230,303		Total Inpatient Days	72,843
3. Special Care	24,742,807		1,830,380		Total Newborn Days	601
4. Newborn Routine	455,429		265,227		Medicaid Inpatient Days	11,270
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1
6. Home Health					Medicare Inpatient Days	40,262
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-1,705,037	-865,823	-243,202	-103,350	Medicaid Paid Claims	53,834
9. Total Cost	116,492,864	59,155,478	16,616,217	7,061,185	Property Rate Allowance	0.80
10. Charges	\$441,458,939	\$372,947,661	\$60,922,871	42,054,064	First Semester in effect:	2011/07
11. Fixed Costs	18,244,790.00		2,517,844.56		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,492.15		156.47	894.77	150.35	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	777.33	107.47	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,558.78	164.59	FPLI	0.8959

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	16,616,217.34	7,061,184.65
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,517,844.56	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	14,098,372.78	7,061,184.65
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	15,067,307.30	7,546,476.51
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	11,271	53,834
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,336.82	140.18
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	793.83	110.84
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	793.83	110.84
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county	1,558.78	164.59
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	913.77	155.07
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	913.77	155.07
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	793.83	110.84
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	178.71	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	972.54	110.84
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$60,922,871.00	42,054,064.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,405.28	781.18
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,776.77	834.87
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$972.54	\$110.84
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$246.51	\$24.85
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	726.03	85.99



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100072 - 2011/07

1,798.30 / 105.35

Shands at Starke

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Bradford (4)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	3,002,475	10,735,475	406,116	1,902,295	Total Bed Days	9,125
2. Routine	4,197,555		386,413		Total Inpatient Days	4,001
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	447
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,405
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	-101,613	-151,507	-11,185	-26,847	Medicaid Paid Claims	18,346
9. Total Cost	7,098,417	10,583,968	781,344	1,875,448	Property Rate Allowance	1.00
10. Charges	\$17,447,405	\$38,299,637	\$2,016,908	6,615,961	First Semester in effect:	2011/07
11. Fixed Costs	1,505,601.00		174,046.44		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,641.23		123.49	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,556.69	164.37	FPLI	0.8947

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	781,344.20	1,875,448.31
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 174,046.44	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	607,297.76	1,875,448.31
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	656,378.94	2,027,020.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	447	18,346
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,468.41	110.49
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,468.41	110.49
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8947) for Bradford county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,468.41	110.49
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	389.37	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,857.78	110.49
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$2,016,908.00	6,615,961.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,512.10	360.62
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,876.76	389.76
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,857.78	\$110.49
AU	Medicaid Trend Adjustment IP% : 10.980 OP% : 9.290	\$203.99	\$10.26
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	144.51	5.13
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,798.30	105.35



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100081 - 2011/07

1,357.64 / 94.92

Holmes Regional Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	160,477,398	120,536,198	14,017,110	5,075,845	Total Bed Days	243,090
2. Routine	129,113,477		9,352,795		Total Inpatient Days	158,272
3. Special Care	26,487,046		1,586,085		Total Newborn Days	8,316
4. Newborn Routine	5,016,992		1,972,758		Medicaid Inpatient Days	13,313
5. Intern-Resident	0		0		Medicaid Newborn IP Days	74
6. Home Health					Medicare Inpatient Days	66,405
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-4,246,522	-1,594,107	-356,136	-67,129	Medicaid Paid Claims	45,138
9. Total Cost	316,848,391	118,942,091	26,572,612	5,008,716	Property Rate Allowance	0.80
10. Charges	\$1,149,183,195	\$690,818,432	\$91,896,457	30,744,857	First Semester in effect:	2011/07
11. Fixed Costs	52,845,848.00		4,225,911.26		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,914.17	127.24	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,621.59	171.23	FPLI	0.9320
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	26,572,611.80	5,008,716.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 4,225,911.26	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	22,346,700.54	5,008,716.29
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	23,882,515.34	5,352,948.79
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	13,387	45,138
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,784.01	118.59
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,784.01	118.59
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,784.01	118.59
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	252.54	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,036.55	118.59
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$91,896,457.00	30,744,857.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,864.60	681.13
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,336.38	727.94
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,036.55	\$118.59
AU	Medicaid Trend Adjustment IP% : 24.186 OP% : 21.591	\$492.56	\$25.61
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	208.15	0.00
AW	Buy Back of Medicaid Trend Adjustment	21.81	1.94
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,357.64	94.92



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100081 - 2011/07

899.24 / 92.00

County Billing ONLY

Holmes Regional Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	160,477,398	120,536,198	14,017,110	5,075,845	Total Bed Days	243,090
2. Routine	129,113,477		9,352,795		Total Inpatient Days	158,272
3. Special Care	26,487,046		1,586,085		Total Newborn Days	8,316
4. Newborn Routine	5,016,992		1,972,758		Medicaid Inpatient Days	13,313
5. Intern-Resident	0		0		Medicaid Newborn IP Days	74
6. Home Health					Medicare Inpatient Days	66,405
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-4,246,522	-1,594,107	-356,136	-67,129	Medicaid Paid Claims	45,138
9. Total Cost	316,848,391	118,942,091	26,572,612	5,008,716	Property Rate Allowance	0.80
10. Charges	\$1,149,183,195	\$690,818,432	\$91,896,457	30,744,857	First Semester in effect:	2011/07
11. Fixed Costs	52,845,848.00		4,225,911.26		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,914.17		127.24	932.23	167.05	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	955.05	122.60	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,621.59	171.23	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	26,572,611.80	5,008,716.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 4,225,911.26	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	22,346,700.54	5,008,716.29
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	23,882,515.34	5,352,948.79
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	13,387	45,138
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,784.01	118.59
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	975.33	126.45
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	975.33	118.59
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	1,621.59	171.23
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	952.02	172.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	952.02	171.23
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	952.02	118.59
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	252.54	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,204.56	118.59
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$91,896,457.00	30,744,857.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,864.60	681.13
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,336.38	727.94
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,204.56	\$118.59
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$305.32	\$26.59
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	899.24	92.00



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100099 - 2011/07

867.54 / 104.73

Cape Canaveral Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	28,406,052	39,748,454	3,255,064	1,066,077	Total Bed Days	54,750
2. Routine	28,062,280		1,456,233		Total Inpatient Days	28,517
3. Special Care	4,955,393		266,403		Total Newborn Days	1,548
4. Newborn Routine	758,909		274,050		Medicaid Inpatient Days	1,759
5. Intern-Resident	0		0		Medicaid Newborn IP Days	16
6. Home Health					Medicare Inpatient Days	12,295
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-805,435	-514,851	-68,025	-13,809	Medicaid Paid Claims	7,526
9. Total Cost	61,377,199	39,233,603	5,183,725	1,052,268	Property Rate Allowance	0.80
10. Charges	\$182,994,814	\$207,692,426	\$10,582,697	5,103,831	First Semester in effect:	2011/07
11. Fixed Costs	15,418,343.00		891,651.78		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,772.81		160.33	County Ceiling Base	932.23	167.05
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	744.42	130.89	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,621.59	171.23	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,183,725.49	1,052,268.39
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 891,651.78	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,292,073.71	1,052,268.39
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,587,053.73	1,124,587.32
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,775	7,526
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,584.26	149.43
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	760.23	135.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	760.23	135.00
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	1,621.59	171.23
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	952.02	172.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	952.02	171.23
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	760.23	135.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	401.87	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,162.10	135.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$10,582,697.00	5,103,831.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,962.08	678.16
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,371.83	724.77
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,162.10	\$135.00
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$294.56	\$30.27
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	867.54	104.73



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100102 - 2011/07

2,139.31 / 188.50

Parrish Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2009-9/30/2010
 Hospital Classification: Self Exempt

Type of Action: Amended Cost Report [2]
 : Rate Includes Buy Back

County: Brevard (5)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	32,838,920	66,873,419	3,360,140	5,243,534	Total Bed Days	76,650
2. Routine	39,433,093		3,112,381		Total Inpatient Days	36,523
3. Special Care	5,723,250		0		Total Newborn Days	1,430
4. Newborn Routine	1,086,099		652,419		Medicaid Inpatient Days	3,301
5. Intern-Resident	0		0		Medicaid Newborn IP Days	37
6. Home Health					Medicare Inpatient Days	18,151
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-958,174	-810,258	-86,328	-63,532	Medicaid Paid Claims	29,369
9. Total Cost	78,123,188	66,063,161	7,038,612	5,180,002	Property Rate Allowance	0.80
10. Charges	\$197,203,777	\$323,072,038	\$15,485,380	23,562,876	First Semester in effect:	2011/07
11. Fixed Costs	18,070,149.00		1,418,954.18		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,930.52	202.25	Exempt	Exempt	Exempt	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,621.59	171.23	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,038,612.09	5,180,001.77
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,418,954.18	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,619,657.91	5,180,001.77
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,005,878.40	5,536,006.15
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,338	29,369
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,799.24	188.50
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,799.24	188.50
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,799.24	188.50
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	340.07	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,139.31	188.50
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$15,485,380.00	23,562,876.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,639.12	802.30
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,957.95	857.44
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,139.31	\$188.50
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$542.26	\$42.27
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	542.26	42.27
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,139.31	188.50



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

100102 - 2011/07

834.57 / 79.34

County Billing ONLY

Parrish Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2009-9/30/2010
 Hospital Classification: Self Exempt

Type of Action: Amended Cost Report [2]

County: Brevard (5)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	32,838,920	66,873,419	3,360,140	5,243,534	Total Bed Days 76,650
2. Routine	39,433,093		3,112,381		Total Inpatient Days 36,523
3. Special Care	5,723,250		0		Total Newborn Days 1,430
4. Newborn Routine	1,086,099		652,419		Medicaid Inpatient Days 3,301
5. Intern-Resident	0		0		Medicaid Newborn IP Days 37
6. Home Health					Medicare Inpatient Days 18,151
7. Malpractice					Prospective Inflation factor 1.0687266915
8. Adjustments	-958,174	-810,258	-86,328	-63,532	Medicaid Paid Claims 29,369
9. Total Cost	78,123,188	66,063,161	7,038,612	5,180,002	Property Rate Allowance 0.80
10. Charges	\$197,203,777	\$323,072,038	\$15,485,380	23,562,876	First Semester in effect: 2011/07
11. Fixed Costs	18,070,149.00		1,418,954.18		Last Rate Semester in Effect: 2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,930.52		202.25	932.23	167.05	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	761.70	99.16	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,621.59	171.23	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,038,612.09	5,180,001.77
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,418,954.18	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,619,657.91	5,180,001.77
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,005,878.40	5,536,006.15
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,338	29,369
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,799.24	188.50
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	777.87	102.27
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	777.87	102.27
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	1,621.59	171.23
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	952.02	172.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	952.02	171.23
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	777.87	102.27
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	340.07	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,117.94	102.27
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$15,485,380.00	23,562,876.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,639.12	802.30
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,957.95	857.44
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,117.94	\$102.27
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$283.37	\$22.93
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	834.57	79.34



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For Rate Semester July 1, 2011 through June 30, 2012

100111 - 2011/07

702.52 / 77.64

Wuesthoff Memorial Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	44,130,162	47,754,806	3,794,323	1,556,648	Total Bed Days	106,215
2. Routine	27,094,293		1,672,850		Total Inpatient Days	58,994
3. Special Care	12,047,062		458,069		Total Newborn Days	2,635
4. Newborn Routine	1,646,748		569,320		Medicaid Inpatient Days	3,734
5. Intern-Resident	0		0		Medicaid Newborn IP Days	175
6. Home Health					Medicare Inpatient Days	30,196
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-1,193,684	-671,282	-91,293	-21,882	Medicaid Paid Claims	15,177
9. Total Cost	83,724,581	47,083,524	6,403,269	1,534,766	Property Rate Allowance	0.80
10. Charges	\$286,823,735	\$258,088,502	\$17,744,374	10,221,241	First Semester in effect:	2011/07
11. Fixed Costs	6,177,334.00		382,161.28		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,766.29		115.95	County Ceiling Base	932.23	167.05
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	844.90	97.03	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,621.59	171.23	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,403,268.89	1,534,766.43
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 382,161.28	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,021,107.61	1,534,766.43
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,434,918.42	1,640,245.85
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,909	15,177
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,646.18	108.07
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	862.84	100.08
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	862.84	100.08
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	1,621.59	171.23
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	952.02	172.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	952.02	171.23
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	862.84	100.08
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	78.21	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	941.05	100.08
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$17,744,374.00	10,221,241.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,539.36	673.47
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,851.34	719.76
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$941.05	\$100.08
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$238.53	\$22.44
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	702.52	77.64



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Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100129 - 2011/07

1,860.76 / 226.21

Broward General Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	144,682,987	128,650,863	39,647,893	16,425,205	Total Bed Days	233,600
2. Routine	95,946,486		25,789,383		Total Inpatient Days	156,372
3. Special Care	57,604,340		21,976,653		Total Newborn Days	5,966
4. Newborn Routine	2,746,576		209,468		Medicaid Inpatient Days	49,355
5. Intern-Resident	0		0		Medicaid Newborn IP Days	50
6. Home Health					Medicare Inpatient Days	31,929
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0	0	0	0	Medicaid Paid Claims	78,480
9. Total Cost	300,980,389	128,650,863	87,623,397	16,425,205	Property Rate Allowance	0.80
10. Charges	\$1,168,415,114	\$652,282,824	\$307,579,002	73,251,519	First Semester in effect:	2011/07
11. Fixed Costs	37,530,668.00		9,879,746.74		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,571.89	209.07	Exempt	Exempt	Exempt	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,882.57	198.79	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	87,623,397.00	16,425,205.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 9,879,746.74	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	77,743,650.26	16,425,205.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	84,026,811.65	17,752,673.08
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	49,405	78,480
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,700.78	226.21
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,700.78	226.21
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,700.78	226.21
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	159.98	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,860.76	226.21
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$307,579,002.00	73,251,519.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,225.67	933.38
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,728.82	1,008.81
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,860.76	\$226.21
AU	Medicaid Trend Adjustment IP% : 22.585 OP% : 19.795	\$420.25	\$44.78
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	187.52	26.85
AW	Buy Back of Medicaid Trend Adjustment	420.25	44.78
AX	Buy Back of Exemption Tier Adjustment	187.52	26.85
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,860.76	226.21



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Computation of Hospital Prospective Payment Rates

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100129 - 2011/07

841.14 / 96.79

County Billing ONLY

Broward General Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	144,682,987	128,650,863	39,647,893	16,425,205	Total Bed Days	233,600
2. Routine	95,946,486		25,789,383		Total Inpatient Days	156,372
3. Special Care	57,604,340		21,976,653		Total Newborn Days	5,966
4. Newborn Routine	2,746,576		209,468		Medicaid Inpatient Days	49,355
5. Intern-Resident	0		0		Medicaid Newborn IP Days	50
6. Home Health					Medicare Inpatient Days	31,929
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0	0	0	0	Medicaid Paid Claims	78,480
9. Total Cost	300,980,389	128,650,863	87,623,397	16,425,205	Property Rate Allowance	0.80
10. Charges	\$1,168,415,114	\$652,282,824	\$307,579,002	73,251,519	First Semester in effect:	2011/07
11. Fixed Costs	37,530,668.00		9,879,746.74		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,571.89		209.07	County Ceiling Base	946.66	181.52
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,082.11	120.97	Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,882.57	198.79	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	87,623,397.00	16,425,205.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 9,879,746.74	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	77,743,650.26	16,425,205.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	84,026,811.65	17,752,673.08
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	49,405	78,480
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,700.78	226.21
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,105.08	124.77
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,105.08	124.77
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,882.57	198.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	966.76	187.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	966.76	187.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	966.76	124.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	159.98	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,126.74	124.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$307,579,002.00	73,251,519.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,225.67	933.38
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,728.82	1,008.81
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,126.74	\$124.77
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$285.60	\$27.98
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	841.14	96.79



Florida Agency For Health Care Administration

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Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100188 - 2011/07

806.81 / 85.78

Holy Cross Hospital, Inc.

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	97,113,900	125,224,086	3,602,828	1,665,279	Total Bed Days	208,415
2. Routine	60,775,583		2,222,211		Total Inpatient Days	92,963
3. Special Care	22,173,328		1,935,960		Total Newborn Days	2,465
4. Newborn Routine	842,980		239,386		Medicaid Inpatient Days	4,480
5. Intern-Resident	0		0		Medicaid Newborn IP Days	280
6. Home Health					Medicare Inpatient Days	47,923
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-1,914,610	-1,325,305	-84,672	-17,624	Medicaid Paid Claims	9,592
9. Total Cost	178,991,181	123,898,781	7,915,713	1,647,655	Property Rate Allowance	0.80
10. Charges	\$914,304,745	\$756,938,933	\$32,805,455	10,706,512	First Semester in effect:	2011/01
11. Fixed Costs	31,558,715.00		1,132,333.62		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,462.94		176.34	County Ceiling Base	946.66	188.05
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	871.93	107.20	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,882.57	198.79	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,915,713.20	1,647,654.58
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,132,333.62	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,783,379.58	1,647,654.58
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,534,584.40	1,830,119.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,760	9,592
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,582.90	190.80
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	890.44	110.57
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	890.44	110.57
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,882.57	198.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	966.76	193.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	966.76	193.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	890.44	110.57
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	190.31	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,080.75	110.57
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$32,805,455.00	10,706,512.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,891.90	1,116.19
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,655.12	1,239.80
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,080.75	\$110.57
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$273.94	\$24.79
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	806.81	85.78



Florida Agency For Health Care Administration

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Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100196 - 2011/07

726.40 / 15.15

Kindred Hospital-Ft. Lauderdale

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2009-8/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,565,358	53,092	26,582	0	Total Bed Days	25,550
2. Routine	12,283,956		43,697		Total Inpatient Days	16,767
3. Special Care	2,672,117		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	51
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0727272727
8. Adjustments	-310,734	-646	-856	0	Medicaid Paid Claims	0
9. Total Cost	25,210,697	52,446	69,423	0	Property Rate Allowance	0.80
10. Charges	\$108,726,482	\$551,813	\$270,738	0	First Semester in effect:	2011/07
11. Fixed Costs	3,627,668.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,276.20		0.00	County Ceiling Base	946.66	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	783.32	NA	Cost Report DRI Index	1.870
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,882.57	198.79	FPLI	1.0820

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	25,210,697.42	
AB	Total Fixed Costs	(-) 3,627,668.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	21,583,029.42	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	23,152,704.29	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	16,767	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,380.85	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	799.95	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	799.95	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,882.57	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	966.76	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	966.76	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	799.95	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	173.09	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	973.04	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$108,726,482.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,484.55	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	6,956.16	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$973.04	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$246.64	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	726.40	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100200 - 2011/07

2,173.92 / 269.78

Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	224,866,807	198,724,508	35,641,821	27,865,585	Total Bed Days	362,781
2. Routine	138,810,874		16,591,729		Total Inpatient Days	190,516
3. Special Care	40,232,575		8,088,996		Total Newborn Days	24,468
4. Newborn Routine	22,198,847		11,497,548		Medicaid Inpatient Days	25,833
5. Intern-Resident	1,673,507		216,066		Medicaid Newborn IP Days	8,387
6. Home Health					Medicare Inpatient Days	66,248
7. Malpractice					Prospective Inflation factor	1.0908102229
8. Adjustments	-6,183,764	-2,872,640	-1,041,311	-402,808	Medicaid Paid Claims	111,043
9. Total Cost	421,598,846	195,851,868	70,994,849	27,462,777	Property Rate Allowance	0.80
10. Charges	\$1,841,921,364	\$1,180,801,219	\$315,110,379	142,337,063	First Semester in effect:	2011/01
11. Fixed Costs	61,310,635.00		10,488,839.43		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,782.54		249.33	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,882.57	198.79	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	70,994,849.30	27,462,777.13
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 10,488,839.43	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	60,506,009.87	27,462,777.13
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	66,000,574.11	29,956,678.04
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	34,220	111,043
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,928.71	269.78
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,928.71	269.78
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,928.71	269.78
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	245.21	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,173.92	269.78
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$315,110,379.00	142,337,063.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,208.37	1,281.82
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,044.58	1,398.22
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,173.92	\$269.78
AU	Medicaid Trend Adjustment IP% : 23.895 OP% : 21.591	\$519.46	\$58.25
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	250.39	36.10
AW	Buy Back of Medicaid Trend Adjustment	519.46	58.25
AX	Buy Back of Exemption Tier Adjustment	250.39	36.10
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,173.92	269.78



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100200 - 2011/07

878.62 / 101.06

County Billing ONLY

Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	224,866,807	198,724,508	35,641,821	27,865,585	Total Bed Days	362,781
2. Routine	138,810,874		16,591,729		Total Inpatient Days	190,516
3. Special Care	40,232,575		8,088,996		Total Newborn Days	24,468
4. Newborn Routine	22,198,847		11,497,548		Medicaid Inpatient Days	25,833
5. Intern-Resident	1,673,507		216,066		Medicaid Newborn IP Days	8,387
6. Home Health					Medicare Inpatient Days	66,248
7. Malpractice					Prospective Inflation factor	1.0908102229
8. Adjustments	-6,183,764	-2,872,640	-1,041,311	-402,808	Medicaid Paid Claims	111,043
9. Total Cost	421,598,846	195,851,868	70,994,849	27,462,777	Property Rate Allowance	0.80
10. Charges	\$1,841,921,364	\$1,180,801,219	\$315,110,379	142,337,063	First Semester in effect:	2011/01
11. Fixed Costs	61,310,635.00		10,488,839.43		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,782.54		249.33	County Ceiling Base	946.66	181.52
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	912.37	126.30	Cost Report DRI Index	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,882.57	198.79	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	70,994,849.30	27,462,777.13
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 10,488,839.43	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	60,506,009.87	27,462,777.13
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	66,000,574.11	29,956,678.04
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	34,220	111,043
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,928.71	269.78
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	931.74	130.27
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	931.74	130.27
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,882.57	198.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	966.76	187.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	966.76	187.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	931.74	130.27
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	245.21	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,176.95	130.27
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$315,110,379.00	142,337,063.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,208.37	1,281.82
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,044.58	1,398.22
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,176.95	\$130.27
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$298.33	\$29.21
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	878.62	101.06



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100218 - 2011/07

1,755.34 / 181.66

North Broward Medical Center

Type of Control: Government (4)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	73,598,850	52,508,178	6,728,332	4,027,165	Total Bed Days	125,195
2. Routine	53,545,210		5,544,558		Total Inpatient Days	76,492
3. Special Care	10,720,987		1,122,773		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	8,052
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	20,846
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0	0	0	0	Medicaid Paid Claims	23,961
9. Total Cost	137,865,047	52,508,178	13,395,663	4,027,165	Property Rate Allowance	0.80
10. Charges	\$533,743,902	\$284,320,932	\$48,047,595	21,429,425	First Semester in effect:	2011/07
11. Fixed Costs	13,618,444.00		1,225,931.54		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,509.74	167.89	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,882.57	198.79	FPLI	1.0820
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	13,395,663.00	4,027,165.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,225,931.54	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	12,169,731.46	4,027,165.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	13,153,276.57	4,352,636.31
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,052	23,961
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,633.54	181.66
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,633.54	181.66
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,633.54	181.66
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	121.80	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,755.34	181.66
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$48,047,595.00	21,429,425.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,967.16	894.35
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,449.42	966.63
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,755.34	\$181.66
AU	Medicaid Trend Adjustment IP% : 24.186 OP% : 21.591	\$424.55	\$39.22
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	208.08	18.30
AW	Buy Back of Medicaid Trend Adjustment	424.55	39.22
AX	Buy Back of Exemption Tier Adjustment	208.08	18.30
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,755.34	181.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

100218 - 2011/07

689.53 / 86.07

County Billing ONLY

North Broward Medical Center

Type of Control: Government (4)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	73,598,850	52,508,178	6,728,332	4,027,165	Total Bed Days	125,195
2. Routine	53,545,210		5,544,558		Total Inpatient Days	76,492
3. Special Care	10,720,987		1,122,773		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	8,052
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	20,846
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0	0	0	0	Medicaid Paid Claims	23,961
9. Total Cost	137,865,047	52,508,178	13,395,663	4,027,165	Property Rate Allowance	0.80
10. Charges	\$533,743,902	\$284,320,932	\$48,047,595	21,429,425	First Semester in effect:	2011/07
11. Fixed Costs	13,618,444.00		1,225,931.54		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,509.74		167.89	County Ceiling Base	946.66	181.52
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	785.18	107.57	Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,882.57	198.79	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	13,395,663.00	4,027,165.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,225,931.54	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	12,169,731.46	4,027,165.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	13,153,276.57	4,352,636.31
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,052	23,961
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,633.54	181.66
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	801.85	110.95
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	801.85	110.95
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,882.57	198.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	966.76	187.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	966.76	187.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	801.85	110.95
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	121.80	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	923.65	110.95
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$48,047,595.00	21,429,425.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,967.16	894.35
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,449.42	966.63
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$923.65	\$110.95
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$234.12	\$24.88
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	689.53	86.07



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100269 - 2011/07

1,495.49 / 45.94

Calhoun Liberty Hospital

Type of Control: Government (4)

Fiscal Year : 1/1/2008-12/31/2008

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Calhoun (7)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	865,075	2,629,953	42,410	273,439	Total Bed Days	5,490
2. Routine	1,699,630		129,907		Total Inpatient Days	1,795
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	156
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,219
7. Malpractice					Prospective Inflation factor	1.1015925316
8. Adjustments	0	0	0	0	Medicaid Paid Claims	6,190
9. Total Cost	2,564,705	2,629,953	172,317	273,439	Property Rate Allowance	1.00
10. Charges	\$4,576,154	\$10,108,659	\$247,874	960,417	First Semester in effect:	2010/01
11. Fixed Costs	89,856.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,807.69		57.91	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.821
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,461.86	154.36	FPLI	0.8402

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	2,564,705.00	273,439.00
AB	Total Fixed Costs	(-) 89,856.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	2,474,849.00	273,439.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,726,275.18	301,218.36
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	1,795	6,190
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,518.82	48.66
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,518.82	48.66
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8402) for Calhoun county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,518.82	48.66
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	50.06	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,568.88	48.66
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$4,576,154.00	960,417.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,549.39	155.16
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	2,808.39	170.92
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,568.88	\$48.66
AU	Medicaid Trend Adjustment IP% : 14.655 OP% : 11.321	\$229.91	\$5.51
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	156.52	2.79
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,495.49	45.94



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100277 - 2011/07

775.13 / 57.69

Charlotte Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2009-9/30/2010
 Hospital Classification: General

Type of Action: Amended Cost Report [2]

County: Charlotte (8)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	43,652,171	18,105,505	1,426,516	1,014,117	Total Bed Days	75,920
2. Routine	21,800,982		1,079,095		Total Inpatient Days	48,738
3. Special Care	5,295,845		661,989		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,061
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	31,464
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-1,139,918	-291,718	-51,037	-16,340	Medicaid Paid Claims	14,339
9. Total Cost	69,609,080	17,813,787	3,116,563	997,777	Property Rate Allowance	0.80
10. Charges	\$427,595,982	\$140,297,900	\$18,401,793	9,123,502	First Semester in effect:	2011/07
11. Fixed Costs	9,648,341.00		415,220.87		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	991.85		78.21	County Ceiling Base	919.17	167.39
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	910.47	79.38	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,654.47	174.70	FPLI	0.9509

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,116,563.19	997,777.41
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 415,220.87	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,701,342.32	997,777.41
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,886,996.64	1,066,351.35
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,061	14,339
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	943.15	74.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	929.80	81.87
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	929.80	74.37
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9509) for Charlotte county	1,654.47	174.70
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	938.69	172.65
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	938.69	172.65
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	929.80	74.37
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	108.52	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,038.32	74.37
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$18,401,793.00	9,123,502.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,011.69	636.27
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,424.85	680.00
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,038.32	\$74.37
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$263.19	\$16.68
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	775.13	57.69



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100285 - 2011/07

669.87 / 64.24

Peace River Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Charlotte (8)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,935,019	28,420,238	3,478,605	2,959,441	Total Bed Days	68,985
2. Routine	24,313,130		3,555,036		Total Inpatient Days	40,582
3. Special Care	3,655,359		1,407,740		Total Newborn Days	3,075
4. Newborn Routine	1,796,249		0		Medicaid Inpatient Days	6,851
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	20,812
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	0	0	0	0	Medicaid Paid Claims	30,374
9. Total Cost	59,699,757	28,420,238	8,441,381	2,959,441	Property Rate Allowance	0.80
10. Charges	\$291,043,738	\$166,944,923	\$33,048,868	18,953,984	First Semester in effect:	2011/01
11. Fixed Costs	12,292,568.00		1,395,857.06		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,201.26		113.81	County Ceiling Base	919.17	164.60
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	719.04	80.29	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,654.47	174.70	FPLI	0.9509

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,441,381.00	2,959,441.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,395,857.06	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,045,523.94	2,959,441.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,825,759.15	3,287,175.33
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	6,851	30,374
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,142.28	108.22
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	734.31	82.81
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	734.31	82.81
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9509) for Charlotte county	1,654.47	174.70
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	938.69	169.77
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	938.69	169.77
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	734.31	82.81
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	163.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	897.31	82.81
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$33,048,868.00	18,953,984.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,823.95	624.02
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,358.16	693.13
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$897.31	\$82.81
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$227.44	\$18.57
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	669.87	64.24



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100315 - 2011/07

1,134.87 / 88.55

Naples Community Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Collier (11)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	141,289,502	90,915,569	14,616,890	7,357,781	Total Bed Days	248,565
2. Routine	108,681,590		11,990,366		Total Inpatient Days	139,867
3. Special Care	15,197,523		1,294,962		Total Newborn Days	10,484
4. Newborn Routine	7,118,801		4,805,667		Medicaid Inpatient Days	17,419
5. Intern-Resident	0		0		Medicaid Newborn IP Days	2,142
6. Home Health					Medicare Inpatient Days	81,925
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-4,010,465	-1,339,077	-481,748	-108,371	Medicaid Paid Claims	63,579
9. Total Cost	268,276,951	89,576,492	32,226,137	7,249,410	Property Rate Allowance	0.80
10. Charges	\$924,517,472	\$459,655,189	\$94,537,142	37,809,652	First Semester in effect:	2011/07
11. Fixed Costs	27,069,482.00		2,768,007.68		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,608.33	121.77	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,741.12	183.85	FPLI	1.0007
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	32,226,137.29	7,249,409.76
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,768,007.68	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	29,458,129.61	7,249,409.76
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	31,482,689.40	7,747,637.71
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	19,561	63,579
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,609.46	121.86
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,609.46	121.86
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0007) for Collier county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,609.46	121.86
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	113.21	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,722.67	121.86
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$94,537,142.00	37,809,652.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,832.94	594.69
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,165.09	635.56
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,722.67	\$121.86
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$436.65	\$27.33
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	151.15	5.99
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,134.87	88.55



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

100315 - 2011/07

828.00 / 76.40

County Billing ONLY

Naples Community Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Collier (11)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	141,289,502	90,915,569	14,616,890	7,357,781	Total Bed Days	248,565
2. Routine	108,681,590		11,990,366		Total Inpatient Days	139,867
3. Special Care	15,197,523		1,294,962		Total Newborn Days	10,484
4. Newborn Routine	7,118,801		4,805,667		Medicaid Inpatient Days	17,419
5. Intern-Resident	0		0		Medicaid Newborn IP Days	2,142
6. Home Health					Medicare Inpatient Days	81,925
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-4,010,465	-1,339,077	-481,748	-108,371	Medicaid Paid Claims	63,579
9. Total Cost	268,276,951	89,576,492	32,226,137	7,249,410	Property Rate Allowance	0.80
10. Charges	\$924,517,472	\$459,655,189	\$94,537,142	37,809,652	First Semester in effect:	2011/07
11. Fixed Costs	27,069,482.00		2,768,007.68		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,608.33		121.77	County Ceiling Base	975.21	167.80
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,034.20	95.48	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,741.12	183.85	FPLI	1.0007

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	32,226,137.29	7,249,409.76
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,768,007.68	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	29,458,129.61	7,249,409.76
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	31,482,689.40	7,747,637.71
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	19,561	63,579
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,609.46	121.86
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,056.16	98.48
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,056.16	98.48
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0007) for Collier county	1,741.12	183.85
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	995.92	173.07
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	995.92	173.07
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	995.92	98.48
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	113.21	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,109.13	98.48
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$94,537,142.00	37,809,652.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,832.94	594.69
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,165.09	635.56
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,109.13	\$98.48
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$281.13	\$22.08
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	828.00	76.40



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100331 - 2011/07

1,552.36 / 103.25

Shands At Lake Shore

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: Rural Hospital

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Columbia (12)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,289,257	13,460,587	2,544,662	3,355,731	Total Bed Days	36,135
2. Routine	11,675,778		2,802,241		Total Inpatient Days	17,433
3. Special Care	3,277,658		539,032		Total Newborn Days	1,537
4. Newborn Routine	488,064		393,432		Medicaid Inpatient Days	4,204
5. Intern-Resident	0		0		Medicaid Newborn IP Days	91
6. Home Health					Medicare Inpatient Days	7,715
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	-282,064	-136,915	-63,871	-34,133	Medicaid Paid Claims	34,770
9. Total Cost	27,448,693	13,323,672	6,215,496	3,321,598	Property Rate Allowance	1.00
10. Charges	\$81,329,054	\$56,693,682	\$19,053,609	13,482,064	First Semester in effect:	2011/07
11. Fixed Costs	2,665,038.00		624,359.80		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,556.06		114.19	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,573.22	166.12	FPLI	0.9042

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,215,496.23	3,321,598.08
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 624,359.80	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,591,136.43	3,321,598.08
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,043,006.29	3,590,046.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,295	34,770
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,406.99	103.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,406.99	103.25
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9042) for Columbia county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,406.99	103.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	145.37	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,552.36	103.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$19,053,609.00	13,482,064.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,436.23	387.75
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,794.76	419.09
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,552.36	\$103.25
AU	Medicaid Trend Adjustment IP% : 14.655 OP% : 11.267	\$227.49	\$11.63
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	227.49	11.63
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,552.36	103.25



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100358 - 2011/07

1,617.49 / 154.35

Baptist Of Miami

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	240,288,602	208,401,183	33,069,239	12,649,626	Total Bed Days	240,170
2. Routine	191,989,343		20,217,860		Total Inpatient Days	175,645
3. Special Care	34,646,716		12,541,751		Total Newborn Days	18,333
4. Newborn Routine	14,914,918		3,874,986		Medicaid Inpatient Days	25,397
5. Intern-Resident	3,583,298		444,602		Medicaid Newborn IP Days	1,883
6. Home Health					Medicare Inpatient Days	49,625
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-7,213,805	-3,097,022	-1,042,467	-187,984	Medicaid Paid Claims	62,333
9. Total Cost	478,209,072	205,304,161	69,105,971	12,461,642	Property Rate Allowance	0.80
10. Charges	\$2,103,544,008	\$1,086,851,702	\$261,967,555	60,747,789	First Semester in effect:	2011/07
11. Fixed Costs	57,589,307.00		7,171,958.32		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,014.06	177.36	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,096.06	221.33	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	69,105,971.40	12,461,641.59
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 7,171,958.32	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	61,934,013.08	12,461,641.59
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	66,190,532.89	13,318,088.99
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	27,280	62,333
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,426.34	213.66
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,426.34	213.66
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,426.34	213.66
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	210.32	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,636.66	213.66
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$261,967,555.00	60,747,789.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,602.92	974.57
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,262.90	1,041.55
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,636.66	\$213.66
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$668.32	\$47.91
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	350.85	11.40
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,617.49	154.35



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100358 - 2011/07

905.16 / 131.20

County Billing ONLY

Baptist Of Miami

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	240,288,602	208,401,183	33,069,239	12,649,626	Total Bed Days	240,170
2. Routine	191,989,343		20,217,860		Total Inpatient Days	175,645
3. Special Care	34,646,716		12,541,751		Total Newborn Days	18,333
4. Newborn Routine	14,914,918		3,874,986		Medicaid Inpatient Days	25,397
5. Intern-Resident	3,583,298		444,602		Medicaid Newborn IP Days	1,883
6. Home Health					Medicare Inpatient Days	49,625
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-7,213,805	-3,097,022	-1,042,467	-187,984	Medicaid Paid Claims	62,333
9. Total Cost	478,209,072	205,304,161	69,105,971	12,461,642	Property Rate Allowance	0.80
10. Charges	\$2,103,544,008	\$1,086,851,702	\$261,967,555	60,747,789	First Semester in effect:	2011/07
11. Fixed Costs	57,589,307.00		7,171,958.32		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	2,014.06	177.36	981.34	201.51	201.51	2.0060	
2. Base Rate Semester	2011/01	2011/01	1,048.82	163.97	163.97	1.877	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90	183.72	183.72	2008	
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	2,096.06	221.33	221.33	1.2047	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	69,105,971.40	12,461,641.59
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 7,171,958.32	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	61,934,013.08	12,461,641.59
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	66,190,532.89	13,318,088.99
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	27,280	62,333
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,426.34	213.66
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,071.09	169.12
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,071.09	169.12
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,096.06	221.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,002.18	207.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,002.18	207.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,002.18	169.12
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	210.32	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,212.50	169.12
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$261,967,555.00	60,747,789.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,602.92	974.57
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,262.90	1,041.55
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,212.50	\$169.12
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$307.34	\$37.92
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	905.16	131.20



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100366 - 2011/07

1,791.44 / 200.00

Cedars Medical Center, Inc.

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 6/1/2009-5/31/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	132,656,971	39,392,860	13,304,787	3,384,243	Total Bed Days	183,838
2. Routine	73,736,363		8,960,248		Total Inpatient Days	117,184
3. Special Care	23,232,905		1,768,897		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	13,890
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	54,458
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-2,370,677	-406,695	-248,128	-34,939	Medicaid Paid Claims	18,188
9. Total Cost	227,255,563	38,986,166	23,785,804	3,349,304	Property Rate Allowance	0.80
10. Charges	\$1,174,902,575	\$265,846,542	\$123,288,105	21,440,628	First Semester in effect:	2011/07
11. Fixed Costs	31,652,406.00		3,321,437.23		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,328.26	166.02	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,096.06	221.33	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	23,785,804.09	3,349,303.85
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,321,437.23	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	20,464,366.86	3,349,303.85
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	22,226,053.02	3,637,630.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	13,890	18,188
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,600.15	200.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,600.15	200.00
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,600.15	200.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	191.30	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,791.45	200.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$123,288,105.00	21,440,628.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,876.03	1,178.83
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,640.13	1,280.31
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,791.45	\$200.00
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$454.08	\$44.85
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	204.88	15.20
AW	Buy Back of Medicaid Trend Adjustment	454.08	44.85
AX	Buy Back of Exemption Tier Adjustment	204.88	15.20
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,791.44	200.00



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100366 - 2011/07

716.52 / 109.09

County Billing ONLY

Cedars Medical Center, Inc.

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 6/1/2009-5/31/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	132,656,971	39,392,860	13,304,787	3,384,243	Total Bed Days	183,838
2. Routine	73,736,363		8,960,248		Total Inpatient Days	117,184
3. Special Care	23,232,905		1,768,897		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	13,890
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	54,458
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-2,370,677	-406,695	-248,128	-34,939	Medicaid Paid Claims	18,188
9. Total Cost	227,255,563	38,986,166	23,785,804	3,349,304	Property Rate Allowance	0.80
10. Charges	\$1,174,902,575	\$265,846,542	\$123,288,105	21,440,628	First Semester in effect:	2011/07
11. Fixed Costs	31,652,406.00		3,321,437.23		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,328.26	166.02	981.34	201.51	201.51	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	752.52	136.34	136.34	FPLI Year Used	1.847
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90	183.72	183.72	FPLI	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	2,096.06	221.33	221.33		1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	23,785,804.09	3,349,303.85
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,321,437.23	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	20,464,366.86	3,349,303.85
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	22,226,053.02	3,637,630.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	13,890	18,188
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,600.15	200.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	768.50	140.62
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	768.50	140.62
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,096.06	221.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,002.18	207.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,002.18	207.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	768.50	140.62
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	191.30	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	959.80	140.62
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$123,288,105.00	21,440,628.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,876.03	1,178.83
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,640.13	1,280.31
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$959.80	\$140.62
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$243.28	\$31.53
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	716.52	109.09



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100412 - 2011/07

1,162.71 / 81.03

Hialeah Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2009-5/31/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	42,397,998	16,954,687	10,345,545	3,308,726	Total Bed Days	132,130
2. Routine	28,264,553		4,822,527		Total Inpatient Days	55,323
3. Special Care	12,985,012		3,922,301		Total Newborn Days	2,621
4. Newborn Routine	1,042,904		765,958		Medicaid Inpatient Days	10,922
5. Intern-Resident	0		0		Medicaid Newborn IP Days	54
6. Home Health					Medicare Inpatient Days	21,348
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-1,341,079	-268,478	-314,426	-52,394	Medicaid Paid Claims	31,216
9. Total Cost	83,349,388	16,686,209	19,541,905	3,256,332	Property Rate Allowance	0.80
10. Charges	\$575,919,812	\$151,151,864	\$109,821,366	27,670,488	First Semester in effect:	2011/07
11. Fixed Costs	8,025,738.00		1,530,417.07		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,479.41	94.05	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,096.06	221.33	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	19,541,904.83	3,256,332.13
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,530,417.07	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	18,011,487.76	3,256,332.13
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	19,562,016.49	3,536,655.25
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	10,976	31,216
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,782.25	113.30
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,782.25	113.30
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,782.25	113.30
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	111.55	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,893.80	113.30
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$109,821,366.00	27,670,488.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,005.59	886.42
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,866.93	962.73
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,893.80	\$113.30
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$480.03	\$25.41
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	251.06	6.86
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,162.71	81.03



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100412 - 2011/07

652.97 / 67.10

County Billing ONLY

Hialeah Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2009-5/31/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	42,397,998	16,954,687	10,345,545	3,308,726	Total Bed Days	132,130
2. Routine	28,264,553		4,822,527		Total Inpatient Days	55,323
3. Special Care	12,985,012		3,922,301		Total Newborn Days	2,621
4. Newborn Routine	1,042,904		765,958		Medicaid Inpatient Days	10,922
5. Intern-Resident	0		0		Medicaid Newborn IP Days	54
6. Home Health					Medicare Inpatient Days	21,348
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-1,341,079	-268,478	-314,426	-52,394	Medicaid Paid Claims	31,216
9. Total Cost	83,349,388	16,686,209	19,541,905	3,256,332	Property Rate Allowance	0.80
10. Charges	\$575,919,812	\$151,151,864	\$109,821,366	27,670,488	First Semester in effect:	2011/07
11. Fixed Costs	8,025,738.00		1,530,417.07		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,479.41	94.05	981.34	201.51	201.51	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	747.26	83.87	83.87	Cost Report DRI Index	1.847
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90	183.72	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	2,096.06	221.33	221.33	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	19,541,904.83	3,256,332.13
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,530,417.07	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	18,011,487.76	3,256,332.13
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	19,562,016.49	3,536,655.25
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	10,976	31,216
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,782.25	113.30
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	763.13	86.50
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	763.13	86.50
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,096.06	221.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,002.18	207.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,002.18	207.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	763.13	86.50
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	111.55	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	874.68	86.50
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$109,821,366.00	27,670,488.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,005.59	886.42
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,866.93	962.73
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$874.68	\$86.50
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$221.71	\$19.40
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	652.97	67.10



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100421 - 2011/07

2,589.11 / 338.02

Jackson Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Specialized/Statutory Teaching

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	515,210,866	387,367,936	182,287,690	58,402,140	Total Bed Days	628,460
2. Routine	344,283,008		119,104,092		Total Inpatient Days	427,492
3. Special Care	165,963,250		32,922,435		Total Newborn Days	14,955
4. Newborn Routine	14,959,413		14,959,487		Medicaid Inpatient Days	140,202
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,053
6. Home Health					Medicare Inpatient Days	70,836
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	0	0	0	0	Medicaid Paid Claims	184,649
9. Total Cost	1,040,416,537	387,367,936	349,273,704	58,402,140	Property Rate Allowance	0.80
10. Charges	\$3,042,177,391	\$1,078,136,822	\$917,350,455	153,281,053	First Semester in effect:	2011/07
11. Fixed Costs	93,211,285.00		28,107,307.27		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,017.04	280.58	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,096.06	221.33	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	349,273,704.00	58,402,140.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 28,107,307.27	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	321,166,396.73	58,402,140.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	343,239,100.61	62,415,925.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	141,255	184,649
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,429.93	338.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,429.93	338.02
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,429.93	338.02
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	159.19	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,589.12	338.02
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$917,350,455.00	153,281,053.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,494.29	830.12
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,940.62	887.17
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,589.12	\$338.02
AU	Medicaid Trend Adjustment IP% : 20.922 OP% : 21.591	\$541.71	\$72.98
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 72\%)$	240.10	29.52
AW	Buy Back of Medicaid Trend Adjustment	541.70	72.98
AX	Buy Back of Exemption Tier Adjustment	240.10	29.52
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,589.11	338.02



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

100421 - 2011/07

1,123.31 / 157.90

County Billing ONLY

Jackson Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Specialized/Statutory Teaching

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	515,210,866	387,367,936	182,287,690	58,402,140	Total Bed Days	628,460
2. Routine	344,283,008		119,104,092		Total Inpatient Days	427,492
3. Special Care	165,963,250		32,922,435		Total Newborn Days	14,955
4. Newborn Routine	14,959,413		14,959,487		Medicaid Inpatient Days	140,202
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,053
6. Home Health					Medicare Inpatient Days	70,836
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	0	0	0	0	Medicaid Paid Claims	184,649
9. Total Cost	1,040,416,537	387,367,936	349,273,704	58,402,140	Property Rate Allowance	0.80
10. Charges	\$3,042,177,391	\$1,078,136,822	\$917,350,455	153,281,053	First Semester in effect:	2011/07
11. Fixed Costs	93,211,285.00		28,107,307.27		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt			Semester DRI Index
1. Normalized Rate	2,017.04	280.58	Variable Cost Base	1,317.56	197.34	Cost Report DRI Index	1.877
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,096.06	221.33	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	349,273,704.00	58,402,140.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 28,107,307.27	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	321,166,396.73	58,402,140.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	343,239,100.61	62,415,925.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	141,255	184,649
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,429.93	338.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,345.53	203.54
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,345.53	203.54
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	221.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	207.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	207.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,345.53	203.54
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	159.19	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,504.72	203.54
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$917,350,455.00	153,281,053.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,494.29	830.12
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,940.62	887.17
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,504.72	\$203.54
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$381.41	\$45.64
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,123.31	157.90



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100439 - 2011/07

825.30 / 125.43

Mercy Hospital, Inc.

Type of Control: Non-Profit (Church) (2)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	89,997,607	61,273,007	4,381,095	2,123,159	Total Bed Days	125,195
2. Routine	46,112,019		2,253,402		Total Inpatient Days	72,757
3. Special Care	15,992,332		707,607		Total Newborn Days	4,520
4. Newborn Routine	2,445,265		544,777		Medicaid Inpatient Days	3,688
5. Intern-Resident	0		0		Medicaid Newborn IP Days	244
6. Home Health					Medicare Inpatient Days	28,857
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-2,244,950	-890,050	-114,565	-30,841	Medicaid Paid Claims	12,035
9. Total Cost	152,302,273	60,382,957	7,772,316	2,092,318	Property Rate Allowance	0.80
10. Charges	\$706,754,152	\$366,537,354	\$37,687,086	12,499,357	First Semester in effect:	2011/01
11. Fixed Costs	17,122,375.00		913,036.62		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,608.42		160.30	County Ceiling Base	981.34	201.51
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	900.63	156.76	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	2,096.06	221.33	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,772,316.34	2,092,318.04
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 913,036.62	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,859,279.72	2,092,318.04
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,618,889.88	2,324,025.46
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,932	12,035
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,937.66	193.11
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	919.75	161.68
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	919.75	161.68
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,096.06	221.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,002.18	207.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,002.18	207.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	919.75	161.68
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	185.77	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,105.52	161.68
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$37,687,086.00	12,499,357.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,584.71	1,038.58
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,646.14	1,153.59
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,105.52	\$161.68
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$280.22	\$36.25
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	825.30	125.43



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100463 - 2011/07

1,580.30 / 152.52

Mt. Sinai Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Specialized/Statutory Teaching

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	139,563,528	97,346,382	6,820,909	4,756,304	Total Bed Days	240,360
2. Routine	87,070,850		3,947,927		Total Inpatient Days	141,216
3. Special Care	22,419,053		1,218,635		Total Newborn Days	3,753
4. Newborn Routine	4,711,038		3,701,791		Medicaid Inpatient Days	6,602
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,218
6. Home Health					Medicare Inpatient Days	74,936
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	0	0	0	0	Medicaid Paid Claims	25,919
9. Total Cost	253,764,469	97,346,382	15,689,262	4,756,304	Property Rate Allowance	0.80
10. Charges	\$1,105,734,334	\$619,382,352	\$58,712,249	31,698,679	First Semester in effect:	2011/01
11. Fixed Costs		26,008,629.00		1,381,005.41	Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,686.99	169.20	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,096.06	221.33	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	15,689,262.00	4,756,304.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,381,005.41	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	14,308,256.59	4,756,304.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	15,892,781.12	5,283,026.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	7,820	25,919
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,032.32	203.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,032.32	203.83
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,032.32	203.83
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	141.28	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,173.60	203.83
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$58,712,249.00	31,698,679.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,507.96	1,222.99
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,339.41	1,358.43
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,173.60	\$203.83
AU	Medicaid Trend Adjustment IP% : 24.186 OP% : 21.591	\$525.71	\$44.01
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 72\%)$	194.85	6.09
AW	Buy Back of Medicaid Trend Adjustment	127.26	-1.20
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,580.30	152.52



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

100463 - 2011/07

937.42 / 136.59

County Billing ONLY

Mt. Sinai Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Specialized/Statutory Teaching

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	139,563,528	97,346,382	6,820,909	4,756,304	Total Bed Days	240,360
2. Routine	87,070,850		3,947,927		Total Inpatient Days	141,216
3. Special Care	22,419,053		1,218,635		Total Newborn Days	3,753
4. Newborn Routine	4,711,038		3,701,791		Medicaid Inpatient Days	6,602
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,218
6. Home Health					Medicare Inpatient Days	74,936
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	0	0	0	0	Medicaid Paid Claims	25,919
9. Total Cost	253,764,469	97,346,382	15,689,262	4,756,304	Property Rate Allowance	0.80
10. Charges	\$1,105,734,334	\$619,382,352	\$58,712,249	31,698,679	First Semester in effect:	2011/01
11. Fixed Costs		26,008,629.00		1,381,005.41	Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt			Semester DRI Index
1. Normalized Rate	1,686.99	169.20	Variable Cost Base	1,091.26	170.71	Cost Report DRI Index	1.806
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,096.06	221.33	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	15,689,262.00	4,756,304.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,381,005.41	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	14,308,256.59	4,756,304.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	15,892,781.12	5,283,026.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	7,820	25,919
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,032.32	203.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,114.43	176.07
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,114.43	176.07
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	221.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	207.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	207.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,114.43	176.07
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	141.28	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,255.71	176.07
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$58,712,249.00	31,698,679.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,507.96	1,222.99
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,339.41	1,358.43
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,255.71	\$176.07
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$318.29	\$39.48
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	937.42	136.59



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100471 - 2011/07

3,031.50 / 353.96

University Of Miami Hospital and Clinics

Type of Control: Non-Profit (Other) (3)

County: Dade (13)

Fiscal Year : 6/1/2009-5/31/2010

Type of Action: Unaudited Cost Report [1]

District: 11

Hospital Classification: Statutory Teaching Hospital

: Rate Includes Buy Back

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	14,823,257	181,772,488	1,006,922	7,991,665	Total Bed Days	14,600
2. Routine	12,193,766		871,538		Total Inpatient Days	7,673
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	562
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,863
7. Malpractice					Prospective Inflation factor	1.086085441
8. Adjustments	-347,543	-2,338,294	-24,164	-102,804	Medicaid Paid Claims	24,206
9. Total Cost	26,669,480	179,434,194	1,854,296	7,888,861	Property Rate Allowance	0.80
10. Charges	\$95,001,023	\$868,906,783	\$5,603,046	43,907,395	First Semester in effect:	2011/07
11. Fixed Costs	18,385,602.00		1,084,360.68		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,235.10		293.82	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.847
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	2,096.06	221.33	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,854,295.77	7,888,861.42
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,084,360.68	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	769,935.09	7,888,861.42
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	836,215.37	8,567,978.35
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	562	24,206
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,487.93	353.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,487.93	353.96
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,487.93	353.96
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	1,543.57	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	3,031.50	353.96
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$5,603,046.00	43,907,395.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,969.83	1,813.91
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,828.09	1,970.06
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$3,031.50	\$353.96
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$768.40	\$79.37
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	176.78	52.89
AW	Buy Back of Medicaid Trend Adjustment	768.40	79.37
AX	Buy Back of Exemption Tier Adjustment	176.78	52.89
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	3,031.50	353.96



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100471 - 2011/07

1,727.40 / 114.31

County Billing ONLY

University Of Miami Hospital and Clinics

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 6/1/2009-5/31/2010

Hospital Classification: Statutory Teaching Hospital

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	14,823,257	181,772,488	1,006,922	7,991,665	Total Bed Days	14,600
2. Routine	12,193,766		871,538		Total Inpatient Days	7,673
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	562
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,863
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-347,543	-2,338,294	-24,164	-102,804	Medicaid Paid Claims	24,206
9. Total Cost	26,669,480	179,434,194	1,854,296	7,888,861	Property Rate Allowance	0.80
10. Charges	\$95,001,023	\$868,906,783	\$5,603,046	43,907,395	First Semester in effect:	2011/07
11. Fixed Costs	18,385,602.00		1,084,360.68		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,235.10		293.82	County Ceiling Base	Exempt	201.51
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	754.32	142.86	Cost Report DRI Index	1.847
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	2,096.06	221.33	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,854,295.77	7,888,861.42
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,084,360.68	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	769,935.09	7,888,861.42
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	836,215.37	8,567,978.35
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	562	24,206
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,487.93	353.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	770.34	147.35
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	770.34	147.35
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	221.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	207.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	207.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	770.34	147.35
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	1,543.57	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,313.91	147.35
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$5,603,046.00	43,907,395.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,969.83	1,813.91
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,828.09	1,970.06
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,313.91	\$147.35
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$586.51	\$33.04
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,727.40	114.31



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100498 - 2011/07

1,019.26 / 69.78

Northshore Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2009-5/31/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	90,030,767	52,972,810	15,458,190	3,852,270	Total Bed Days	283,970
2. Routine	62,496,226		8,588,947		Total Inpatient Days	124,216
3. Special Care	31,714,278		7,475,483		Total Newborn Days	4,260
4. Newborn Routine	1,313,762		852,698		Medicaid Inpatient Days	21,050
5. Intern-Resident	0		0		Medicaid Newborn IP Days	173
6. Home Health					Medicare Inpatient Days	47,241
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-1,425,629	-406,993	-248,741	-29,597	Medicaid Paid Claims	38,239
9. Total Cost	184,129,404	52,565,817	32,126,577	3,822,673	Property Rate Allowance	0.80
10. Charges	\$1,094,646,267	\$448,789,331	\$170,354,763	35,995,196	First Semester in effect:	2011/07
11. Fixed Costs	14,200,128.00		2,209,900.60		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,270.84	90.12	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,096.06	221.33	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	32,126,576.72	3,822,672.81
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,209,900.60	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	29,916,676.12	3,822,672.81
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	32,492,069.46	4,151,749.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	21,223	38,239
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,530.98	108.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,530.98	108.57
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,530.98	108.57
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	83.30	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,614.28	108.57
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$170,354,763.00	35,995,196.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,026.89	941.32
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,717.89	1,022.35
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,614.28	\$108.57
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$409.18	\$24.35
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	185.84	14.45
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,019.26	69.78



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

100498 - 2011/07

641.95 / 40.45

County Billing ONLY

Northshore Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2009-5/31/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	90,030,767	52,972,810	15,458,190	3,852,270	Total Bed Days	283,970
2. Routine	62,496,226		8,588,947		Total Inpatient Days	124,216
3. Special Care	31,714,278		7,475,483		Total Newborn Days	4,260
4. Newborn Routine	1,313,762		852,698		Medicaid Inpatient Days	21,050
5. Intern-Resident	0		0		Medicaid Newborn IP Days	173
6. Home Health					Medicare Inpatient Days	47,241
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-1,425,629	-406,993	-248,741	-29,597	Medicaid Paid Claims	38,239
9. Total Cost	184,129,404	52,565,817	32,126,577	3,822,673	Property Rate Allowance	0.80
10. Charges	\$1,094,646,267	\$448,789,331	\$170,354,763	35,995,196	First Semester in effect:	2011/07
11. Fixed Costs	14,200,128.00		2,209,900.60		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,270.84	90.12	981.34	201.51	201.51	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	760.47	50.55	50.55	Cost Report DRI Index	1.847
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90	183.72	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	2,096.06	221.33	221.33	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	32,126,576.72	3,822,672.81
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,209,900.60	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	29,916,676.12	3,822,672.81
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	32,492,069.46	4,151,749.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	21,223	38,239
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,530.98	108.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	776.62	52.14
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	776.62	52.14
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,096.06	221.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,002.18	207.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,002.18	207.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	776.62	52.14
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	83.30	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	859.92	52.14
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$170,354,763.00	35,995,196.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,026.89	941.32
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,717.89	1,022.35
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$859.92	\$52.14
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$217.97	\$11.69
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	641.95	40.45



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100536 - 2011/07

584.04 / 36.41

Palm Springs General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	17,530,379	10,537,788	1,051,212	644,153	Total Bed Days	90,155
2. Routine	21,183,402		995,553		Total Inpatient Days	36,956
3. Special Care	4,416,785		296,118		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,929
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	23,597
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-763,458	-186,530	-41,472	-11,402	Medicaid Paid Claims	8,887
9. Total Cost	42,367,108	10,351,258	2,301,411	632,751	Property Rate Allowance	0.80
10. Charges	\$149,387,850	\$58,625,349	\$7,336,463	2,597,037	First Semester in effect:	2011/01
11. Fixed Costs	2,577,266.00		126,569.98		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,039.51		65.64	County Ceiling Base	981.34	201.51
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	714.68	45.51	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	2,096.06	221.33	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,301,411.43	632,750.79
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 126,569.98	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,174,841.45	632,750.79
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,415,687.68	702,822.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,929	8,887
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,252.30	79.08
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	729.85	46.94
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	729.85	46.94
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,096.06	221.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,002.18	207.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,002.18	207.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	729.85	46.94
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	52.49	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	782.34	46.94
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$7,336,463.00	2,597,037.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,803.25	292.23
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,224.43	324.59
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$782.34	\$46.94
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$198.30	\$10.53
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	584.04	36.41



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100544 - 2011/07

748.79 / 92.90

Metropolitan Hospital Miami

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,873,866	11,192,442	1,110,309	1,434,217	Total Bed Days	53,290
2. Routine	9,603,493		862,182		Total Inpatient Days	22,811
3. Special Care	5,154,761		409,665		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,064
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,015
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-457,298	-161,807	-34,438	-20,734	Medicaid Paid Claims	10,277
9. Total Cost	31,174,822	11,030,635	2,347,718	1,413,483	Property Rate Allowance	0.80
10. Charges	\$139,162,400	\$50,897,061	\$9,213,022	6,524,864	First Semester in effect:	2011/01
11. Fixed Costs	4,785,376.00		316,808.09		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)			OP (G)		Inflation/FPLI Data (H)	
	IP (F)	OP (F)		IP (G)	OP (G)	Semester DRI Index	
1. Normalized Rate	907.22	126.81	County Ceiling Base	981.34	201.51	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	861.94	116.10	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	2,096.06	221.33		

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,347,717.71	1,413,482.85
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 316,808.09	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,030,909.62	1,413,482.85
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,255,816.55	1,570,014.73
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,064	10,277
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,092.93	152.77
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	880.24	119.75
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	880.24	119.75
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,096.06	221.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,002.18	207.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,002.18	207.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	880.24	119.75
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	122.79	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,003.03	119.75
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$9,213,022.00	6,524,864.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,463.67	634.90
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,957.99	705.21
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,003.03	\$119.75
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$254.24	\$26.85
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	748.79	92.90



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100587 - 2011/07

939.47 / 101.25

South Miami Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	127,420,240	129,312,001	18,618,129	7,876,377	Total Bed Days	162,060
2. Routine	68,952,903		7,581,066		Total Inpatient Days	70,090
3. Special Care	23,969,230		6,858,027		Total Newborn Days	19,998
4. Newborn Routine	15,580,357		5,898,566		Medicaid Inpatient Days	10,084
5. Intern-Resident	2,245,947		239,717		Medicaid Newborn IP Days	4,134
6. Home Health					Medicare Inpatient Days	18,761
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-3,730,155	-2,025,262	-613,873	-123,358	Medicaid Paid Claims	24,409
9. Total Cost	234,438,522	127,286,739	38,581,632	7,753,019	Property Rate Allowance	0.80
10. Charges	\$942,930,356	\$633,663,872	\$134,702,596	30,246,392	First Semester in effect:	2011/07
11. Fixed Costs	32,710,658.00		4,672,890.76		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,115.73	281.78	981.34	201.51	201.51	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	974.83	126.54	126.54	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90	183.72	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	2,096.06	221.33	221.33	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	38,581,631.97	7,753,018.58
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 4,672,890.76	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	33,908,741.21	7,753,018.58
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	36,239,176.81	8,285,857.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	14,218	24,409
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,548.82	339.46
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	995.53	130.51
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	995.53	130.51
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,096.06	221.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,002.18	207.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,002.18	207.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	995.53	130.51
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	262.93	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,258.46	130.51
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$134,702,596.00	30,246,392.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,474.09	1,239.15
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,125.21	1,324.31
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,258.46	\$130.51
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$318.99	\$29.26
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	939.47	101.25



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100609 - 2011/07

2,711.26 / 171.51

Miami Childrens Hospital

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Specialized: Children's

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	99,785,011	90,193,930	38,490,714	39,875,849	Total Bed Days	100,740
2. Routine	58,544,172		26,267,958		Total Inpatient Days	64,713
3. Special Care	52,463,745		27,130,696		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	31,570
5. Intern-Resident	406,228		160,996		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1
7. Malpractice					Prospective Inflation factor	1.0602536998
8. Adjustments	-3,180,463	-1,358,237	-1,386,193	-600,493	Medicaid Paid Claims	226,273
9. Total Cost	208,018,693	88,835,693	90,664,171	39,275,356	Property Rate Allowance	0.80
10. Charges	\$679,003,720	\$406,128,832	\$329,528,933	140,103,949	First Semester in effect:	2011/07
11. Fixed Costs	33,155,059.00		16,090,561.65		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,078.94		152.76	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	2,096.06	221.33	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	90,664,171.00	39,275,355.74
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 16,090,561.65	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	74,573,609.35	39,275,355.74
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	79,066,945.22	41,641,841.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	31,570	226,273
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,504.50	184.03
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,504.50	184.03
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,504.50	184.03
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	407.74	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,912.24	184.03
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$329,528,933.00	140,103,949.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,438.04	619.18
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,066.97	656.49
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,912.24	\$184.03
AU	Medicaid Trend Adjustment IP% : 10.562 OP% : 7.771	\$307.59	\$14.30
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 89\%)$	88.23	4.50
AW	Buy Back of Medicaid Trend Adjustment	194.84	6.28
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,711.26	171.51



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

100609 - 2011/07

1,774.97 / 127.49

County Billing ONLY

Miami Childrens Hospital

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Specialized: Children's

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	99,785,011	90,193,930	38,490,714	39,875,849	Total Bed Days	100,740
2. Routine	58,544,172		26,267,958		Total Inpatient Days	64,713
3. Special Care	52,463,745		27,130,696		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	31,570
5. Intern-Resident	406,228		160,996		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1
7. Malpractice					Prospective Inflation factor	1.0602536998
8. Adjustments	-3,180,463	-1,358,237	-1,386,193	-600,493	Medicaid Paid Claims	226,273
9. Total Cost	208,018,693	88,835,693	90,664,171	39,275,356	Property Rate Allowance	0.80
10. Charges	\$679,003,720	\$406,128,832	\$329,528,933	140,103,949	First Semester in effect:	2011/07
11. Fixed Costs	33,155,059.00		16,090,561.65		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt			Semester DRI Index
1. Normalized Rate	2,078.94	152.76	Variable Cost Base	1,574.29	201.51	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	135.46	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,096.06	183.72	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.021231	1.031397			221.33		

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	90,664,171.00	39,275,355.74
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 16,090,561.65	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	74,573,609.35	39,275,355.74
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	79,066,945.22	41,641,841.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	31,570	226,273
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,504.50	184.03
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,607.71	139.71
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,607.71	139.71
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	221.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	207.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	207.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,607.71	139.71
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	407.74	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,015.45	139.71
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$329,528,933.00	140,103,949.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,438.04	619.18
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,066.97	656.49
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,015.45	\$139.71
AU	Medicaid Trend Adjustment IP% : 11.932 OP% : 8.750	\$240.48	\$12.22
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,774.97	127.49



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100625 - 2011/07

659.45 / 105.79

Westchester General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2008-12/31/2008
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	18,070,168	5,922,811	1,767,035	387,882	Total Bed Days	72,102
2. Routine	30,631,245		2,262,723		Total Inpatient Days	52,455
3. Special Care	2,482,727		199,330		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,126
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	32,923
7. Malpractice					Prospective Inflation factor	1.1015925316
8. Adjustments	-833,969	-96,503	-68,907	-6,320	Medicaid Paid Claims	3,064
9. Total Cost	50,350,171	5,826,308	4,160,181	381,562	Property Rate Allowance	0.80
10. Charges	\$136,176,895	\$23,148,310	\$12,582,883	1,555,067	First Semester in effect:	2010/07
11. Fixed Costs	4,075,498.00		376,580.14		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	838.53	113.87	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,096.06	221.33	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,160,181.36	381,562.05
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 376,580.14	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,783,601.22	381,562.05
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,167,986.84	420,325.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,126	3,064
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,010.18	137.18
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,010.18	137.18
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,010.18	137.18
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	73.02	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,083.20	137.18
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$12,582,883.00	1,555,067.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,049.66	507.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,359.48	559.09
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,083.20	\$137.18
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$274.56	\$30.76
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	149.19	0.63
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	659.45	105.79



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

100625 - 2011/07

356.55 / 104.52

County Billing ONLY

Westchester General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2008-12/31/2008
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	18,070,168	5,922,811	1,767,035	387,882	Total Bed Days	72,102
2. Routine	30,631,245		2,262,723		Total Inpatient Days	52,455
3. Special Care	2,482,727		199,330		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,126
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	32,923
7. Malpractice					Prospective Inflation factor	1.1015925316
8. Adjustments	-833,969	-96,503	-68,907	-6,320	Medicaid Paid Claims	3,064
9. Total Cost	50,350,171	5,826,308	4,160,181	381,562	Property Rate Allowance	0.80
10. Charges	\$136,176,895	\$23,148,310	\$12,582,883	1,555,067	First Semester in effect:	2010/07
11. Fixed Costs	4,075,498.00		376,580.14		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)		County Ceiling Base	OP (G)		Inflation/FPLI Data (H)	
	2011/01	2011/01		2011/01	2011/01	Semester DRI Index	2.0060
1. Normalized Rate	838.53	113.87	Variable Cost Base	981.34	201.51	Cost Report DRI Index	1.821
2. Base Rate Semester	2011/01	2011/01	State Ceiling	396.18	130.63	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,739.90	183.72	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.021231	1.031397		2,096.06	221.33		

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,160,181.36	381,562.05
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 376,580.14	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,783,601.22	381,562.05
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,167,986.84	420,325.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,126	3,064
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,010.18	137.18
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	404.59	134.73
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	404.59	134.73
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,096.06	221.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,002.18	207.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,002.18	207.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	404.59	134.73
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	73.02	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	477.61	134.73
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$12,582,883.00	1,555,067.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,049.66	507.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,359.48	559.09
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$477.61	\$134.73
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$121.06	\$30.21
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	356.55	104.52



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100641 - 2011/07

1,083.69 / 96.55

Baptist Medical Center

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	214,927,011	189,671,552	21,952,488	17,202,290	Total Bed Days	297,475
2. Routine	139,233,885		12,589,332		Total Inpatient Days	182,449
3. Special Care	25,031,531		3,363,468		Total Newborn Days	26,326
4. Newborn Routine	23,151,157		8,666,727		Medicaid Inpatient Days	20,973
5. Intern-Resident	0		0		Medicaid Newborn IP Days	7,333
6. Home Health					Medicare Inpatient Days	61,848
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-7,063,225	-3,329,724	-817,581	-301,990	Medicaid Paid Claims	143,153
9. Total Cost	395,280,359	186,341,828	45,754,434	16,900,300	Property Rate Allowance	0.80
10. Charges	\$1,389,824,769	\$1,034,561,084	\$167,505,650	79,712,929	First Semester in effect:	2011/07
11. Fixed Costs	45,324,949.00		5,462,692.29		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,535.08	127.32	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,724.24	182.07	FPLI	0.9910
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	45,754,433.58	16,900,300.22
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 5,462,692.29	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	40,291,741.29	16,900,300.22
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	43,060,859.37	18,061,801.94
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	28,306	143,153
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,521.26	126.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,521.26	126.17
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,521.26	126.17
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	154.39	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,675.65	126.17
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$167,505,650.00	79,712,929.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,917.67	556.84
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,324.37	595.11
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,675.65	\$126.17
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$424.73	\$28.29
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	167.23	1.33
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,083.69	96.55



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100641 - 2011/07

744.16 / 93.85

County Billing ONLY

Baptist Medical Center

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	214,927,011	189,671,552	21,952,488	17,202,290	Total Bed Days	297,475
2. Routine	139,233,885		12,589,332		Total Inpatient Days	182,449
3. Special Care	25,031,531		3,363,468		Total Newborn Days	26,326
4. Newborn Routine	23,151,157		8,666,727		Medicaid Inpatient Days	20,973
5. Intern-Resident	0		0		Medicaid Newborn IP Days	7,333
6. Home Health					Medicare Inpatient Days	61,848
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-7,063,225	-3,329,724	-817,581	-301,990	Medicaid Paid Claims	143,153
9. Total Cost	395,280,359	186,341,828	45,754,434	16,900,300	Property Rate Allowance	0.80
10. Charges	\$1,389,824,769	\$1,034,561,084	\$167,505,650	79,712,929	First Semester in effect:	2011/07
11. Fixed Costs	45,324,949.00		5,462,692.29		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,535.08		127.32	858.08	166.58	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	824.93	117.30	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,724.24	182.07	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	45,754,433.58	16,900,300.22
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 5,462,692.29	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	40,291,741.29	16,900,300.22
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	43,060,859.37	18,061,801.94
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	28,306	143,153
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,521.26	126.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	842.44	120.98
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	842.44	120.98
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	1,724.24	182.07
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	876.30	171.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	876.30	171.81
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	842.44	120.98
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	154.39	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	996.83	120.98
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$167,505,650.00	79,712,929.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,917.67	556.84
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,324.37	595.11
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$996.83	\$120.98
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$252.67	\$27.13
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	744.16	93.85



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100676 - 2011/07

1,900.29 / 241.83

Shands Jacksonville

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: Specialized/Statutory Teaching

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	139,891,097	140,001,797	38,401,468	29,947,263	Total Bed Days	201,115
2. Routine	82,440,785		24,798,073		Total Inpatient Days	133,428
3. Special Care	39,054,288		8,865,680		Total Newborn Days	18,336
4. Newborn Routine	14,348,509		9,338,259		Medicaid Inpatient Days	40,897
5. Intern-Resident	0		0		Medicaid Newborn IP Days	3,699
6. Home Health					Medicare Inpatient Days	38,860
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	-3,077,172	-1,562,407	-908,455	-334,209	Medicaid Paid Claims	132,350
9. Total Cost	272,657,507	138,439,390	80,495,025	29,613,054	Property Rate Allowance	0.80
10. Charges	\$1,117,535,352	\$681,031,667	\$290,789,317	136,568,673	First Semester in effect:	2011/07
11. Fixed Costs	30,858,943.00		8,029,679.73		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,772.20	244.03	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,724.24	182.07	FPLI	0.9910
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	80,495,025.01	29,613,054.43
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 8,029,679.73	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	72,465,345.28	29,613,054.43
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	78,321,919.53	32,006,350.85
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	44,596	132,350
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,756.25	241.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,756.25	241.83
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,756.25	241.83
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	144.04	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,900.29	241.83
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$290,789,317.00	136,568,673.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,520.52	1,031.88
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,047.50	1,115.28
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,900.29	\$241.83
AU	Medicaid Trend Adjustment IP% : 24.186 OP% : 19.795	\$459.61	\$47.87
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 72\%)$	124.35	26.53
AW	Buy Back of Medicaid Trend Adjustment	459.60	47.87
AX	Buy Back of Exemption Tier Adjustment	124.35	26.53
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,900.29	241.83



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

100676 - 2011/07

981.32 / 95.97

County Billing ONLY

Shands Jacksonville

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2009-6/30/2010

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Hospital Classification: Specialized/Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	139,891,097	140,001,797	38,401,468	29,947,263	Total Bed Days	201,115
2. Routine	82,440,785		24,798,073		Total Inpatient Days	133,428
3. Special Care	39,054,288		8,865,680		Total Newborn Days	18,336
4. Newborn Routine	14,348,509		9,338,259		Medicaid Inpatient Days	40,897
5. Intern-Resident	0		0		Medicaid Newborn IP Days	3,699
6. Home Health					Medicare Inpatient Days	38,860
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	-3,077,172	-1,562,407	-908,455	-334,209	Medicaid Paid Claims	132,350
9. Total Cost	272,657,507	138,439,390	80,495,025	29,613,054	Property Rate Allowance	0.80
10. Charges	\$1,117,535,352	\$681,031,667	\$290,789,317	136,568,673	First Semester in effect:	2011/07
11. Fixed Costs	30,858,943.00		8,029,679.73		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt			Semester DRI Index
1. Normalized Rate	1,772.20	244.03	Variable Cost Base	1,146.15	119.94	Cost Report DRI Index	1.856
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,724.24	182.07	FPLI	0.9910
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	80,495,025.01	29,613,054.43
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 8,029,679.73	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	72,465,345.28	29,613,054.43
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	78,321,919.53	32,006,350.85
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	44,596	132,350
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,756.25	241.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,170.48	123.71
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,170.48	123.71
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	Exempt	182.07
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	171.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	171.81
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,170.48	123.71
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	144.04	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,314.52	123.71
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$290,789,317.00	136,568,673.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,520.52	1,031.88
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,047.50	1,115.28
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,314.52	\$123.71
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$333.20	\$27.74
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	981.32	95.97



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100722 - 2011/07

2,237.07 / 125.67

Mayo Clinic

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Specialized: Statutory Teaching

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	114,169,316	68,283,123	534,882	341,114	Total Bed Days	74,460
2. Routine	62,288,737		278,898		Total Inpatient Days	53,824
3. Special Care	52,982,759		227,876		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	320
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	28,486
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-3,566,077	-1,061,288	-16,190	-5,302	Medicaid Paid Claims	2,152
9. Total Cost	225,874,735	67,221,835	1,025,466	335,812	Property Rate Allowance	0.80
10. Charges	\$522,033,636	\$279,409,840	\$2,672,783	1,353,917	First Semester in effect:	2011/01
11. Fixed Costs	25,512,066.00		130,620.35		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)		County Ceiling Base	OP (G)		Inflation/FPLI Data (H)	
	IP (F)	OP (F)		IP (G)	OP (G)	Semester DRI Index	
1. Normalized Rate	3,134.28	174.90	Exempt	Exempt	Cost Report DRI Index	2.0060	
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	FPLI Year Used	1.806	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	2008	
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,724.24	182.07	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,025,466.09	335,812.25
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 130,620.35	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	894,845.74	335,812.25
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	993,942.72	373,000.76
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	320	2,152
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	3,106.07	173.33
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	3,106.07	173.33
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	3,106.07	173.33
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	326.55	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	3,432.62	173.33
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$2,672,783.00	1,353,917.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,352.45	629.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,277.42	698.81
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$3,432.62	\$173.33
AU	Medicaid Trend Adjustment IP% : 24.186 OP% : 21.591	\$830.22	\$37.42
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 72\%)$	405.73	12.07
AW	Buy Back of Medicaid Trend Adjustment	40.40	1.84
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,237.07	125.67



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100722 - 2011/07

1,135.70 / 91.80

County Billing ONLY

Mayo Clinic

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2009-12/31/2009

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Hospital Classification: Specialized: Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	114,169,316	68,283,123	534,882	341,114	Total Bed Days	74,460
2. Routine	62,288,737		278,898		Total Inpatient Days	53,824
3. Special Care	52,982,759		227,876		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	320
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	28,486
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-3,566,077	-1,061,288	-16,190	-5,302	Medicaid Paid Claims	2,152
9. Total Cost	225,874,735	67,221,835	1,025,466	335,812	Property Rate Allowance	0.80
10. Charges	\$522,033,636	\$279,409,840	\$2,672,783	1,353,917	First Semester in effect:	2011/01
11. Fixed Costs	25,512,066.00		130,620.35		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	3,134.28		174.90	County Ceiling Base	Exempt	166.58
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,169.92	114.73	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,724.24	182.07	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,025,466.09	335,812.25
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 130,620.35	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	894,845.74	335,812.25
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	993,942.72	373,000.76
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	320	2,152
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	3,106.07	173.33
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,194.76	118.33
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,194.76	118.33
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	Exempt	182.07
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	171.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	171.81
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,194.76	118.33
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	326.55	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,521.31	118.33
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$2,672,783.00	1,353,917.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,352.45	629.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,277.42	698.81
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,521.31	\$118.33
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$385.61	\$26.53
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,135.70	91.80



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100731 - 2011/07

1,083.72 / 55.78

St. Vincent's Hospital

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: CHEP

Type of Action: Amended Cost Report [2]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	127,124,442	98,281,717	6,630,874	2,745,084	Total Bed Days	186,150
2. Routine	81,501,481		5,145,138		Total Inpatient Days	120,566
3. Special Care	19,349,385		955,857		Total Newborn Days	5,353
4. Newborn Routine	2,940,629		1,179,330		Medicaid Inpatient Days	7,973
5. Intern-Resident	0		0		Medicaid Newborn IP Days	600
6. Home Health					Medicare Inpatient Days	62,548
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	-3,196,377	-1,360,432	-192,561	-37,998	Medicaid Paid Claims	40,691
9. Total Cost	227,719,560	96,921,285	13,718,638	2,707,086	Property Rate Allowance	0.80
10. Charges	\$972,680,309	\$603,471,128	\$47,515,736	20,494,430	First Semester in effect:	2011/07
11. Fixed Costs	27,411,726.00		1,339,071.35		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,574.89	72.55	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,724.24	182.07	FPLI	0.9910
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	13,718,637.86	2,707,086.09
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,339,071.35	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	12,379,566.51	2,707,086.09
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	13,380,070.27	2,925,869.99
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,573	40,691
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,560.72	71.90
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,560.72	71.90
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,560.72	71.90
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	124.96	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,685.68	71.90
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$47,515,736.00	20,494,430.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,542.49	503.66
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,990.43	544.37
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,685.68	\$71.90
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$427.27	\$16.12
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	174.69	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,083.72	55.78



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100731 - 2011/07

729.04 / 55.78

County Billing ONLY

St. Vincent's Hospital

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: CHEP

Type of Action: Amended Cost Report [2]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	127,124,442	98,281,717	6,630,874	2,745,084	Total Bed Days	186,150
2. Routine	81,501,481		5,145,138		Total Inpatient Days	120,566
3. Special Care	19,349,385		955,857		Total Newborn Days	5,353
4. Newborn Routine	2,940,629		1,179,330		Medicaid Inpatient Days	7,973
5. Intern-Resident	0		0		Medicaid Newborn IP Days	600
6. Home Health					Medicare Inpatient Days	62,548
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	-3,196,377	-1,360,432	-192,561	-37,998	Medicaid Paid Claims	40,691
9. Total Cost	227,719,560	96,921,285	13,718,638	2,707,086	Property Rate Allowance	0.80
10. Charges	\$972,680,309	\$603,471,128	\$47,515,736	20,494,430	First Semester in effect:	2011/07
11. Fixed Costs	27,411,726.00		1,339,071.35		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,574.89		72.55	County Ceiling Base	858.08	166.58
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	833.91	77.21	Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,724.24	182.07	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	13,718,637.86	2,707,086.09
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,339,071.35	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	12,379,566.51	2,707,086.09
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	13,380,070.27	2,925,869.99
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,573	40,691
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,560.72	71.90
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	851.62	79.63
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	851.62	71.90
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	1,724.24	182.07
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	876.30	171.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	876.30	171.81
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	851.62	71.90
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	124.96	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	976.58	71.90
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$47,515,736.00	20,494,430.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,542.49	503.66
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,990.43	544.37
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$976.58	\$71.90
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$247.54	\$16.12
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	729.04	55.78



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100749 - 2011/07

996.68 / 80.39

Baptist Hospital (Pensacola)

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Escambia (17)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	78,627,685	96,917,794	10,034,707	10,574,934	Total Bed Days	209,145
2. Routine	59,212,115		9,073,336		Total Inpatient Days	93,298
3. Special Care	24,607,256		1,658,141		Total Newborn Days	3,565
4. Newborn Routine	3,469,582		2,012,640		Medicaid Inpatient Days	14,534
5. Intern-Resident	0		0		Medicaid Newborn IP Days	757
6. Home Health					Medicare Inpatient Days	40,595
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-2,566,971	-1,499,459	-352,421	-163,610	Medicaid Paid Claims	104,024
9. Total Cost	163,349,667	95,418,335	22,426,403	10,411,324	Property Rate Allowance	0.80
10. Charges	\$612,115,225	\$630,090,651	\$72,549,936	67,452,075	First Semester in effect:	2011/07
11. Fixed Costs	25,711,738.00		3,047,440.86		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,439.97	113.71	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,636.55	172.81	FPLI	0.9406
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	22,426,402.54	10,411,324.43
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,047,440.86	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	19,378,961.68	10,411,324.43
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	20,710,813.60	11,126,860.31
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	15,291	104,024
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,354.44	106.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,354.44	106.96
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,354.44	106.96
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	159.44	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,513.88	106.96
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$72,549,936.00	67,452,075.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,744.62	648.43
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,070.70	692.99
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,513.88	\$106.96
AU	Medicaid Trend Adjustment IP% : 24.186 OP% : 21.591	\$366.15	\$23.09
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	164.20	4.26
AW	Buy Back of Medicaid Trend Adjustment	13.15	0.78
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	996.68	80.39



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100749 - 2011/07

640.18 / 70.21

County Billing ONLY

Baptist Hospital (Pensacola)

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Escambia (17)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	78,627,685	96,917,794	10,034,707	10,574,934	Total Bed Days	209,145
2. Routine	59,212,115		9,073,336		Total Inpatient Days	93,298
3. Special Care	24,607,256		1,658,141		Total Newborn Days	3,565
4. Newborn Routine	3,469,582		2,012,640		Medicaid Inpatient Days	14,534
5. Intern-Resident	0		0		Medicaid Newborn IP Days	757
6. Home Health					Medicare Inpatient Days	40,595
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-2,566,971	-1,499,459	-352,421	-163,610	Medicaid Paid Claims	104,024
9. Total Cost	163,349,667	95,418,335	22,426,403	10,411,324	Property Rate Allowance	0.80
10. Charges	\$612,115,225	\$630,090,651	\$72,549,936	67,452,075	First Semester in effect:	2011/07
11. Fixed Costs	25,711,738.00		3,047,440.86		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,439.97		113.71	898.40	161.67	161.67
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	683.60	87.75	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,636.55	172.81	FPLI	0.9406

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	22,426,402.54	10,411,324.43
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,047,440.86	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	19,378,961.68	10,411,324.43
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	20,710,813.60	11,126,860.31
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	15,291	104,024
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,354.44	106.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	698.11	90.51
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	698.11	90.51
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county	1,636.55	172.81
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	917.47	166.75
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	917.47	166.75
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	698.11	90.51
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	159.44	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	857.55	90.51
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$72,549,936.00	67,452,075.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,744.62	648.43
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,070.70	692.99
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$857.55	\$90.51
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$217.37	\$20.30
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	640.18	70.21



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100765 - 2011/07

1,285.66 / 122.90

Sacred Heart Hospital

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: CHEP

Type of Action: Amended Cost Report [2]
: Rate Includes Buy Back

County: Escambia (17)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	115,151,945	173,738,417	26,253,034	16,239,542	Total Bed Days	167,589
2. Routine	61,540,251		13,793,971		Total Inpatient Days	104,681
3. Special Care	20,174,181		3,946,226		Total Newborn Days	20,297
4. Newborn Routine	15,962,577		10,247,609		Medicaid Inpatient Days	22,804
5. Intern-Resident	0		0		Medicaid Newborn IP Days	8,004
6. Home Health					Medicare Inpatient Days	38,775
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0	0	0	0	Medicaid Paid Claims	109,371
9. Total Cost	212,828,954	173,738,417	54,240,840	16,239,542	Property Rate Allowance	0.80
10. Charges	\$743,677,840	\$612,006,179	\$142,922,321	68,788,086	First Semester in effect:	2011/07
11. Fixed Costs	36,631,615.00		7,039,977.74		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,760.49	170.61	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,636.55	172.81	FPLI	0.9406
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	54,240,840.00	16,239,542.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 7,039,977.74	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	47,200,862.26	16,239,542.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	51,015,587.12	17,552,004.98
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	30,808	109,371
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,655.92	160.48
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,655.92	160.48
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,655.92	160.48
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	182.81	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,838.73	160.48
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$142,922,321.00	68,788,086.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,639.13	628.94
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,014.06	679.77
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,838.73	\$160.48
AU	Medicaid Trend Adjustment IP% : 24.186 OP% : 19.795	\$444.72	\$31.77
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	188.23	6.99
AW	Buy Back of Medicaid Trend Adjustment	79.88	1.17
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,285.66	122.90



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100765 - 2011/07

810.99 / 104.01

County Billing ONLY

Sacred Heart Hospital

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: CHEP

Type of Action: Amended Cost Report [2]

County: Escambia (17)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	115,151,945	173,738,417	26,253,034	16,239,542	Total Bed Days	167,589
2. Routine	61,540,251		13,793,971		Total Inpatient Days	104,681
3. Special Care	20,174,181		3,946,226		Total Newborn Days	20,297
4. Newborn Routine	15,962,577		10,247,609		Medicaid Inpatient Days	22,804
5. Intern-Resident	0		0		Medicaid Newborn IP Days	8,004
6. Home Health					Medicare Inpatient Days	38,775
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0	0	0	0	Medicaid Paid Claims	109,371
9. Total Cost	212,828,954	173,738,417	54,240,840	16,239,542	Property Rate Allowance	0.80
10. Charges	\$743,677,840	\$612,006,179	\$142,922,321	68,788,086	First Semester in effect:	2011/07
11. Fixed Costs	36,631,615.00		7,039,977.74		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,760.49	170.61	898.40	161.67	130.00	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	884.76	183.72	172.81	FPLI Year Used	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90			FPLI	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,636.55			0.9406

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	54,240,840.00	16,239,542.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 7,039,977.74	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	47,200,862.26	16,239,542.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	51,015,587.12	17,552,004.98
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	30,808	109,371
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,655.92	160.48
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	903.54	134.08
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	903.54	134.08
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county	1,636.55	172.81
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	917.47	166.75
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	917.47	166.75
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	903.54	134.08
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	182.81	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,086.35	134.08
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$142,922,321.00	68,788,086.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,639.13	628.94
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,014.06	679.77
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,086.35	\$134.08
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$275.36	\$30.07
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	810.99	104.01



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

100803 - 2011/07

3,032.34 / 79.53

George E. Weems Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Franklin (19)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	352,623	3,724,239	38,918	532,991	Total Bed Days	9,125
2. Routine	1,971,847		90,935		Total Inpatient Days	788
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	57
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	429
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	0	0	0	0	Medicaid Paid Claims	6,770
9. Total Cost	2,324,470	3,724,239	129,853	532,991	Property Rate Allowance	1.00
10. Charges	\$2,452,049	\$13,645,458	\$181,233	1,423,101	First Semester in effect:	2011/07
11. Fixed Costs	340,715.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,611.35		81.67	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,792.62	189.29	FPLI	1.0303

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	2,324,470.00	532,991.00
AB	Total Fixed Costs	(-) 340,715.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	1,983,755.00	532,991.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,120,091.92	569,621.71
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	788	6,770
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,690.47	84.14
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,690.47	84.14
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0303) for Franklin county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,690.47	84.14
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	432.38	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	3,122.85	84.14
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$2,452,049.00	1,423,101.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,111.74	210.21
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,325.60	224.66
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$3,122.85	\$84.14
AU	Medicaid Trend Adjustment IP% : 14.655 OP% : 9.290	\$457.64	\$7.82
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	367.13	3.21
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	3,032.34	79.53



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100862 - 2011/07

1,878.77 / 92.79

Hendry Regional Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hendry (26)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,572,547	8,831,710	306,105	1,261,034	Total Bed Days	9,125
2. Routine	2,796,117		177,908		Total Inpatient Days	3,946
3. Special Care	1,048,946		114,574		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	320
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,911
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-80,706	-111,066	-7,528	-15,858	Medicaid Paid Claims	13,098
9. Total Cost	6,336,904	8,720,644	591,059	1,245,176	Property Rate Allowance	1.00
10. Charges	\$14,383,699	\$36,180,389	\$1,417,384	4,984,394	First Semester in effect:	2011/07
11. Fixed Costs	897,312.00		88,422.02		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,865.00		112.88	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,566.08	165.37	FPLI	0.9001

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	591,059.31	1,245,175.52
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 88,422.02	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	502,637.29	1,245,175.52
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	537,181.89	1,330,752.31
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	320	13,098
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,678.69	101.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,678.69	101.60
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9001) for Hendry county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,678.69	101.60
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	276.32	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,955.01	101.60
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,417,384.00	4,984,394.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,429.33	380.55
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,733.74	406.70
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,955.01	\$101.60
AU	Medicaid Trend Adjustment IP% : 14.655 OP% : 11.321	\$286.50	\$11.50
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	210.25	2.69
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,878.77	92.79



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100871 - 2011/07

1,444.84 / 89.13

Brooksville Regional Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2009-9/30/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Hernando (27)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	36,846,249	29,701,594	4,664,507	3,538,581	Total Bed Days	89,060
2. Routine	25,511,493		2,201,539		Total Inpatient Days	48,624
3. Special Care	7,351,726		1,884,777		Total Newborn Days	6,220
4. Newborn Routine	3,093,781		2,153,362		Medicaid Inpatient Days	5,388
5. Intern-Resident	0		0		Medicaid Newborn IP Days	2,322
6. Home Health					Medicare Inpatient Days	18,376
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-1,240,005	-505,886	-185,723	-60,270	Medicaid Paid Claims	41,707
9. Total Cost	71,563,244	29,195,708	10,718,462	3,478,311	Property Rate Allowance	0.80
10. Charges	\$607,260,360	\$342,442,657	\$67,586,375	36,014,026	First Semester in effect:	2011/07
11. Fixed Costs	10,542,998.00		1,173,406.11		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,458.91	98.28	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,577.92	166.62	FPLI	0.9069
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,718,461.89	3,478,310.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,173,406.11	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,545,055.78	3,478,310.90
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,201,055.88	3,717,363.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	7,710	41,707
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,323.09	89.13
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,323.09	89.13
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9069) for Hernando county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,323.09	89.13
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	121.75	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,444.84	89.13
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$67,586,375.00	36,014,026.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,766.07	863.50
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,368.53	922.85
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,444.84	\$89.13
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$366.23	\$19.99
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	125.33	1.83
AW	Buy Back of Medicaid Trend Adjustment	366.23	19.99
AX	Buy Back of Exemption Tier Adjustment	125.33	1.83
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,444.84	89.13



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100871 - 2011/07

698.84 / 63.61

County Billing ONLY

Brooksville Regional Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2009-9/30/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Hernando (27)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	36,846,249	29,701,594	4,664,507	3,538,581	Total Bed Days 89,060
2. Routine	25,511,493		2,201,539		Total Inpatient Days 48,624
3. Special Care	7,351,726		1,884,777		Total Newborn Days 6,220
4. Newborn Routine	3,093,781		2,153,362		Medicaid Inpatient Days 5,388
5. Intern-Resident	0		0		Medicaid Newborn IP Days 2,322
6. Home Health					Medicare Inpatient Days 18,376
7. Malpractice					Prospective Inflation factor 1.0687266915
8. Adjustments	-1,240,005	-505,886	-185,723	-60,270	Medicaid Paid Claims 41,707
9. Total Cost	71,563,244	29,195,708	10,718,462	3,478,311	Property Rate Allowance 0.80
10. Charges	\$607,260,360	\$342,442,657	\$67,586,375	36,014,026	First Semester in effect: 2011/07
11. Fixed Costs	10,542,998.00		1,173,406.11		Last Rate Semester in Effect: 2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,458.91		98.28	855.60	163.39	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	797.44	79.50	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,577.92	166.62	FPLI	0.9069

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,718,461.89	3,478,310.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,173,406.11	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,545,055.78	3,478,310.90
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,201,055.88	3,717,363.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	7,710	41,707
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,323.09	89.13
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	814.37	82.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	814.37	82.00
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9069) for Hernando county	1,577.92	166.62
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	873.77	168.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	873.77	166.62
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	814.37	82.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	121.75	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	936.12	82.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$67,586,375.00	36,014,026.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,766.07	863.50
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,368.53	922.85
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$936.12	\$82.00
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$237.28	\$18.39
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	698.84	63.61



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100897 - 2011/07

1,399.49 / 80.28

Highlands Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2009-9/30/2010
 Hospital Classification: Self Exempt

Type of Action: Amended Cost Report [2]
 : Rate Includes Buy Back

County: Highlands (28)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,367,757	16,871,193	2,250,499	1,264,619	Total Bed Days	45,990
2. Routine	11,164,893		1,577,194		Total Inpatient Days	21,749
3. Special Care	3,537,146		190,020		Total Newborn Days	1,118
4. Newborn Routine	167,406		122,188		Medicaid Inpatient Days	2,956
5. Intern-Resident	0		0		Medicaid Newborn IP Days	35
6. Home Health					Medicare Inpatient Days	12,766
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-304,599	-164,513	-40,369	-12,331	Medicaid Paid Claims	16,671
9. Total Cost	30,932,603	16,706,680	4,099,532	1,252,288	Property Rate Allowance	0.80
10. Charges	\$157,875,711	\$121,428,586	\$19,166,040	10,307,796	First Semester in effect:	2011/07
11. Fixed Costs	5,989,391.00		727,109.36		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,336.23	89.02	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,569.04	165.68	FPLI	0.9018
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,099,532.22	1,252,287.52
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 727,109.36	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,372,422.86	1,252,287.52
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,604,198.32	1,338,353.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,991	16,671
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,205.01	80.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,205.01	80.28
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9018) for Highlands county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,205.01	80.28
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	194.48	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,399.49	80.28
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$19,166,040.00	10,307,796.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,407.90	618.31
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,848.29	660.80
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,399.49	\$80.28
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$354.73	\$18.00
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	354.73	18.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,399.49	80.28



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

100897 - 2011/07

621.03 / 62.28

County Billing ONLY

Highlands Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2009-9/30/2010
 Hospital Classification: Self Exempt

Type of Action: Amended Cost Report [2]

County: Highlands (28)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,367,757	16,871,193	2,250,499	1,264,619	Total Bed Days	45,990
2. Routine	11,164,893		1,577,194		Total Inpatient Days	21,749
3. Special Care	3,537,146		190,020		Total Newborn Days	1,118
4. Newborn Routine	167,406		122,188		Medicaid Inpatient Days	2,956
5. Intern-Resident	0		0		Medicaid Newborn IP Days	35
6. Home Health					Medicare Inpatient Days	12,766
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-304,599	-164,513	-40,369	-12,331	Medicaid Paid Claims	16,671
9. Total Cost	30,932,603	16,706,680	4,099,532	1,252,288	Property Rate Allowance	0.80
10. Charges	\$157,875,711	\$121,428,586	\$19,166,040	10,307,796	First Semester in effect:	2011/07
11. Fixed Costs	5,989,391.00		727,109.36		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,336.23	89.02	Variable Cost Base	624.16	88.51	Cost Report DRI Index	1.877
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,569.04	165.68	FPLI	0.9018
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,099,532.22	1,252,287.52
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 727,109.36	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,372,422.86	1,252,287.52
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,604,198.32	1,338,353.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,991	16,671
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,205.01	80.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	637.41	91.29
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	637.41	80.28
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9018) for Highlands county	1,569.04	165.68
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	9999	0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,569.04	165.68
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	637.41	80.28
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	194.48	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	831.89	80.28
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$19,166,040.00	10,307,796.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,407.90	618.31
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,848.29	660.80
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$831.89	\$80.28
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$210.86	\$18.00
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	621.03	62.28



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100901 - 2011/07

722.25 / 89.69

Florida Hospital Heartland Medical Center

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Highlands (28)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,391,549	39,043,531	4,328,659	2,574,313	Total Bed Days	58,035
2. Routine	25,528,120		3,011,685		Total Inpatient Days	45,637
3. Special Care	7,653,704		804,546		Total Newborn Days	2,064
4. Newborn Routine	680,747		490,113		Medicaid Inpatient Days	5,459
5. Intern-Resident	0		0		Medicaid Newborn IP Days	165
6. Home Health					Medicare Inpatient Days	28,096
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-1,104,966	-581,002	-128,496	-38,308	Medicaid Paid Claims	24,066
9. Total Cost	73,149,154	38,462,529	8,506,507	2,536,005	Property Rate Allowance	0.80
10. Charges	\$318,767,618	\$185,249,317	\$33,754,254	15,345,515	First Semester in effect:	2011/01
11. Fixed Costs	9,478,420.00		1,003,668.43		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,643.17		129.80	County Ceiling Base	859.93	154.09
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	807.56	112.09	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,569.04	165.68	FPLI	0.9018

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,506,506.61	2,536,004.97
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,003,668.43	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,502,838.18	2,536,004.97
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,333,717.26	2,816,847.16
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,624	24,066
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,481.81	117.05
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	824.71	115.61
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	824.71	115.61
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9018) for Highlands county	1,569.04	165.68
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	878.19	158.93
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	878.19	158.93
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	824.71	115.61
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	142.77	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	967.48	115.61
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$33,754,254.00	15,345,515.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,001.82	637.64
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,666.47	708.25
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$967.48	\$115.61
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$245.23	\$25.92
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	722.25	89.69



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100943 - 2011/07

1,241.87 / 80.99

University Community Hospital Carrollwood

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-8/31/2010

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	32,051,084	26,375,325	661,047	1,070,164	Total Bed Days	36,515
2. Routine	11,192,974		410,568		Total Inpatient Days	17,705
3. Special Care	1,935,135		61,658		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	697
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,798
7. Malpractice					Prospective Inflation factor	1.0710090763
8. Adjustments	-657,990	-384,130	-16,505	-15,586	Medicaid Paid Claims	10,819
9. Total Cost	44,521,203	25,991,195	1,116,768	1,054,578	Property Rate Allowance	0.80
10. Charges	\$215,668,281	\$134,254,924	\$5,435,839	7,508,523	First Semester in effect:	2011/07
11. Fixed Costs	5,356,132.00		134,999.32		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,613.63		111.67	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.873
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,626.63	171.76	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,116,768.01	1,054,578.13
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 134,999.32	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	981,768.69	1,054,578.13
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,051,483.18	1,129,462.75
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	697	10,819
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,508.58	104.40
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,508.58	104.40
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,508.58	104.40
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	154.95	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,663.53	104.40
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$5,435,839.00	7,508,523.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,798.91	694.01
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,352.70	743.29
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,663.53	\$104.40
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$421.66	\$23.41
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,241.87	80.99



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

100943 - 2011/07

808.03 / 80.99

County Billing ONLY

University Community Hospital Carrollwood

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-8/31/2010

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	32,051,084	26,375,325	661,047	1,070,164	Total Bed Days	36,515
2. Routine	11,192,974		410,568		Total Inpatient Days	17,705
3. Special Care	1,935,135		61,658		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	697
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,798
7. Malpractice					Prospective Inflation factor	1.0710090763
8. Adjustments	-657,990	-384,130	-16,505	-15,586	Medicaid Paid Claims	10,819
9. Total Cost	44,521,203	25,991,195	1,116,768	1,054,578	Property Rate Allowance	0.80
10. Charges	\$215,668,281	\$134,254,924	\$5,435,839	7,508,523	First Semester in effect:	2011/07
11. Fixed Costs	5,356,132.00		134,999.32		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,613.63		111.67	County Ceiling Base	908.15	164.39
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,129.10	102.28	Cost Report DRI Index	1.873
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,626.63	171.76	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,116,768.01	1,054,578.13
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 134,999.32	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	981,768.69	1,054,578.13
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,051,483.18	1,129,462.75
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	697	10,819
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,508.58	104.40
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,153.07	105.49
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,153.07	104.40
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,626.63	171.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	927.43	169.55
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	927.43	169.55
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	927.43	104.40
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	154.95	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,082.38	104.40
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$5,435,839.00	7,508,523.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,798.91	694.01
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,352.70	743.29
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,082.38	\$104.40
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$274.35	\$23.41
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	808.03	80.99



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100978 - 2011/07

1,836.19 / 150.86

St. Joseph's Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	211,770,588	145,641,397	28,751,993	11,034,891	Total Bed Days	322,295
2. Routine	134,110,940		15,846,714		Total Inpatient Days	225,229
3. Special Care	51,470,406		9,969,722		Total Newborn Days	18,083
4. Newborn Routine	6,233,895		1,649,581		Medicaid Inpatient Days	32,006
5. Intern-Resident	0		0		Medicaid Newborn IP Days	58
6. Home Health					Medicare Inpatient Days	57,325
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-6,106,375	-2,203,598	-850,595	-166,961	Medicaid Paid Claims	80,019
9. Total Cost	397,479,454	143,437,799	55,367,415	10,867,930	Property Rate Allowance	0.80
10. Charges	\$1,586,123,037	\$736,138,110	\$229,568,753	56,664,349	First Semester in effect:	2010/07
11. Fixed Costs	58,322,617.00		8,441,369.39		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,738.77	161.36	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,626.63	171.76	FPLI	0.9349
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	55,367,414.61	10,867,929.78
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 8,441,369.39	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	46,926,045.22	10,867,929.78
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	52,122,727.97	12,071,465.75
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	32,064	80,019
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,625.58	150.86
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,625.58	150.86
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,625.58	150.86
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	210.61	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,836.19	150.86
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$229,568,753.00	56,664,349.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,159.70	708.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,952.58	786.56
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,836.19	\$150.86
AU	Medicaid Trend Adjustment IP% : 23.889 OP% : 21.591	\$438.64	\$32.57
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	175.35	1.54
AW	Buy Back of Medicaid Trend Adjustment	438.64	32.57
AX	Buy Back of Exemption Tier Adjustment	175.35	1.54
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,836.19	150.86



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100978 - 2011/07

849.58 / 112.42

County Billing ONLY

St. Joseph's Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	211,770,588	145,641,397	28,751,993	11,034,891	Total Bed Days	322,295
2. Routine	134,110,940		15,846,714		Total Inpatient Days	225,229
3. Special Care	51,470,406		9,969,722		Total Newborn Days	18,083
4. Newborn Routine	6,233,895		1,649,581		Medicaid Inpatient Days	32,006
5. Intern-Resident	0		0		Medicaid Newborn IP Days	58
6. Home Health					Medicare Inpatient Days	57,325
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-6,106,375	-2,203,598	-850,595	-166,961	Medicaid Paid Claims	80,019
9. Total Cost	397,479,454	143,437,799	55,367,415	10,867,930	Property Rate Allowance	0.80
10. Charges	\$1,586,123,037	\$736,138,110	\$229,568,753	56,664,349	First Semester in effect:	2010/07
11. Fixed Costs	58,322,617.00		8,441,369.39		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,738.77	161.36	908.15	164.39	2,006.0	Cost Report DRI Index	1.806
2. Base Rate Semester	2011/01	2011/01	1,047.47	140.51	2008	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90	183.72	0.9349	FPLI	0.9349
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	1,626.63	171.76			

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	55,367,414.61	10,867,929.78
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 8,441,369.39	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	46,926,045.22	10,867,929.78
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	52,122,727.97	12,071,465.75
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	32,064	80,019
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,625.58	150.86
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,069.71	144.92
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,069.71	144.92
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,626.63	171.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	927.43	169.55
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	927.43	169.55
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	927.43	144.92
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	210.61	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,138.04	144.92
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$229,568,753.00	56,664,349.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,159.70	708.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,952.58	786.56
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,138.04	\$144.92
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$288.46	\$32.50
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	849.58	112.42



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100986 - 2011/07

2,075.41 / 97.22

South Florida Baptist

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Special

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	21,477,604	25,811,869	3,444,061	1,918,169	Total Bed Days	53,655
2. Routine	17,983,470		2,115,604		Total Inpatient Days	27,566
3. Special Care	4,768,736		303,265		Total Newborn Days	911
4. Newborn Routine	526,776		289,698		Medicaid Inpatient Days	3,132
5. Intern-Resident	0		0		Medicaid Newborn IP Days	17
6. Home Health					Medicare Inpatient Days	8,502
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-659,234	-380,192	-90,624	-28,253	Medicaid Paid Claims	21,592
9. Total Cost	44,097,352	25,431,677	6,062,004	1,889,916	Property Rate Allowance	0.80
10. Charges	\$191,651,842	\$171,464,742	\$20,515,217	11,638,975	First Semester in effect:	2010/07
11. Fixed Costs	5,948,568.00		636,759.67		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,046.89	103.99	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,626.63	171.76	FPLI	0.9349
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,062,003.92	1,889,915.66
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 636,759.67	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,425,244.25	1,889,915.66
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,026,046.49	2,099,208.65
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,149	21,592
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,913.64	97.22
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,913.64	97.22
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,913.64	97.22
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	161.77	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,075.41	97.22
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$20,515,217.00	11,638,975.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,514.84	539.04
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,236.31	598.73
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,075.41	\$97.22
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$526.06	\$21.80
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	265.31	4.25
AW	Buy Back of Medicaid Trend Adjustment	526.06	21.80
AX	Buy Back of Exemption Tier Adjustment	265.31	4.25
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,075.41	97.22



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

100986 - 2011/07

745.37 / 62.55

County Billing ONLY

South Florida Baptist

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Special

Type of Action: Amended Cost Report [2]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	21,477,604	25,811,869	3,444,061	1,918,169	Total Bed Days	53,655
2. Routine	17,983,470		2,115,604		Total Inpatient Days	27,566
3. Special Care	4,768,736		303,265		Total Newborn Days	911
4. Newborn Routine	526,776		289,698		Medicaid Inpatient Days	3,132
5. Intern-Resident	0		0		Medicaid Newborn IP Days	17
6. Home Health					Medicare Inpatient Days	8,502
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-659,234	-380,192	-90,624	-28,253	Medicaid Paid Claims	21,592
9. Total Cost	44,097,352	25,431,677	6,062,004	1,889,916	Property Rate Allowance	0.80
10. Charges	\$191,651,842	\$171,464,742	\$20,515,217	11,638,975	First Semester in effect:	2010/07
11. Fixed Costs	5,948,568.00		636,759.67		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,046.89		103.99	County Ceiling Base	908.15	164.39
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	819.29	78.18	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,626.63	171.76	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,062,003.92	1,889,915.66
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 636,759.67	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,425,244.25	1,889,915.66
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,026,046.49	2,099,208.65
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,149	21,592
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,913.64	97.22
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	836.68	80.63
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	836.68	80.63
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,626.63	171.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	927.43	169.55
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	927.43	169.55
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	836.68	80.63
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	161.77	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	998.45	80.63
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$20,515,217.00	11,638,975.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,514.84	539.04
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,236.31	598.73
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$998.45	\$80.63
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$253.08	\$18.08
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	745.37	62.55



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100994 - 2011/07

2,511.55 / 226.83

Tampa General Hospital

Type of Control: Non-Profit (Other) (3)

County: Hillsborough (29)

Fiscal Year : 10/1/2009-9/30/2010

Type of Action: Amended Cost Report [2]

District: 6

Hospital Classification: Specialized/Statutory Teaching

: Rate Includes Buy Back

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	348,913,148	178,510,019	54,419,299	14,253,842	Total Bed Days	335,070
2. Routine	196,246,844		25,493,487		Total Inpatient Days	237,207
3. Special Care	100,481,670		6,700,371		Total Newborn Days	29,454
4. Newborn Routine	25,174,370		14,393,650		Medicaid Inpatient Days	29,202
5. Intern-Resident	0		0		Medicaid Newborn IP Days	12,297
6. Home Health					Medicare Inpatient Days	75,197
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-8,253,487	-2,196,325	-1,242,753	-175,374	Medicaid Paid Claims	66,331
9. Total Cost	662,562,545	176,313,694	99,764,054	14,078,468	Property Rate Allowance	0.80
10. Charges	\$3,089,476,887	\$1,059,372,460	\$436,421,441	75,744,870	First Semester in effect:	2011/07
11. Fixed Costs	63,053,325.00		8,906,952.20		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,502.78	242.62	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,626.63	171.76	FPLI	0.9349
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	99,764,054.42	14,078,467.69
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 8,906,952.20	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	90,857,102.22	14,078,467.69
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	97,101,410.26	15,046,034.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	41,499	66,331
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,339.85	226.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,339.85	226.83
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,339.85	226.83
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	171.70	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,511.55	226.83
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$436,421,441.00	75,744,870.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,516.43	1,141.92
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,239.19	1,220.40
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,511.55	\$226.83
AU	Medicaid Trend Adjustment IP% : 24.186 OP% : 21.203	\$607.45	\$48.09
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 72\%)$	262.44	12.94
AW	Buy Back of Medicaid Trend Adjustment	607.45	48.09
AX	Buy Back of Exemption Tier Adjustment	262.44	12.94
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,511.55	226.83



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

100994 - 2011/07

952.01 / 130.48

County Billing ONLY

Tampa General Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Type of Action: Amended Cost Report [2]

County: Hillsborough (29)

District: 6

Hospital Classification: Specialized/Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	348,913,148	178,510,019	54,419,299	14,253,842	Total Bed Days	335,070
2. Routine	196,246,844		25,493,487		Total Inpatient Days	237,207
3. Special Care	100,481,670		6,700,371		Total Newborn Days	29,454
4. Newborn Routine	25,174,370		14,393,650		Medicaid Inpatient Days	29,202
5. Intern-Resident	0		0		Medicaid Newborn IP Days	12,297
6. Home Health					Medicare Inpatient Days	75,197
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-8,253,487	-2,196,325	-1,242,753	-175,374	Medicaid Paid Claims	66,331
9. Total Cost	662,562,545	176,313,694	99,764,054	14,078,468	Property Rate Allowance	0.80
10. Charges	\$3,089,476,887	\$1,059,372,460	\$436,421,441	75,744,870	First Semester in effect:	2011/07
11. Fixed Costs	63,053,325.00		8,906,952.20		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt			Semester DRI Index
1. Normalized Rate	2,502.78	242.62	Variable Cost Base	1,080.61	163.39	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	163.08	FPLI Year Used	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,626.63	183.72	FPLI	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397			171.76		0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	99,764,054.42	14,078,467.69
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 8,906,952.20	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	90,857,102.22	14,078,467.69
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	97,101,410.26	15,046,034.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	41,499	66,331
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,339.85	226.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,103.55	168.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,103.55	168.20
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	Exempt	171.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	169.55
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	169.55
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,103.55	168.20
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	171.70	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,275.25	168.20
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$436,421,441.00	75,744,870.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,516.43	1,141.92
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,239.19	1,220.40
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,275.25	\$168.20
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$323.24	\$37.72
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	952.01	130.48



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101028 - 2011/07

1,021.85 / 78.09

University Community Hospital-Tampa

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-8/31/2010

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	97,342,723	65,527,134	5,570,787	2,502,762	Total Bed Days	159,125
2. Routine	59,707,785		3,718,558		Total Inpatient Days	103,683
3. Special Care	15,298,105		1,834,454		Total Newborn Days	6,284
4. Newborn Routine	0		0		Medicaid Inpatient Days	8,089
5. Intern-Resident	0		0		Medicaid Newborn IP Days	112
6. Home Health					Medicare Inpatient Days	38,847
7. Malpractice					Prospective Inflation factor	1.0710090763
8. Adjustments	-2,621,700	-996,773	-169,211	-38,071	Medicaid Paid Claims	26,138
9. Total Cost	169,726,913	64,530,361	10,954,588	2,464,691	Property Rate Allowance	0.80
10. Charges	\$879,710,392	\$456,711,355	\$53,936,865	19,222,880	First Semester in effect:	2011/07
11. Fixed Costs	21,872,523.00		1,341,049.66		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,342.90	108.02	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,626.63	171.76	FPLI	0.9349
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,954,588.11	2,464,690.96
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,341,049.66	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,613,538.45	2,464,690.96
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,296,186.94	2,639,706.39
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,201	26,138
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,255.48	100.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,255.48	100.99
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL) * Partial Exemption: IP% : 94.67 OP% : 94.67	1,237.98	100.66
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	130.82	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,368.80	100.66
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$53,936,865.00	19,222,880.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,576.86	735.44
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,043.88	787.66
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,368.80	\$100.66
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$346.95	\$22.57
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,021.85	78.09



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

101028 - 2011/07

790.01 / 73.57

County Billing ONLY

University Community Hospital-Tampa

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-8/31/2010

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	97,342,723	65,527,134	5,570,787	2,502,762	Total Bed Days 159,125
2. Routine	59,707,785		3,718,558		Total Inpatient Days 103,683
3. Special Care	15,298,105		1,834,454		Total Newborn Days 6,284
4. Newborn Routine	0		0		Medicaid Inpatient Days 8,089
5. Intern-Resident	0		0		Medicaid Newborn IP Days 112
6. Home Health					Medicare Inpatient Days 38,847
7. Malpractice					Prospective Inflation factor 1.0710090763
8. Adjustments	-2,621,700	-996,773	-169,211	-38,071	Medicaid Paid Claims 26,138
9. Total Cost	169,726,913	64,530,361	10,954,588	2,464,691	Property Rate Allowance 0.80
10. Charges	\$879,710,392	\$456,711,355	\$53,936,865	19,222,880	First Semester in effect: 2011/07
11. Fixed Costs	21,872,523.00		1,341,049.66		Last Rate Semester in Effect: 2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,342.90	108.02	908.15	164.39	2,006.00	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	934.39	91.95	1.873	Cost Report DRI Index	1.873
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90	183.72	2008	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	1,626.63	171.76	0.9349	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,954,588.11	2,464,690.96
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,341,049.66	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,613,538.45	2,464,690.96
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,296,186.94	2,639,706.39
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,201	26,138
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,255.48	100.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	954.23	94.84
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	954.23	94.84
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,626.63	171.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	927.43	169.55
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	927.43	169.55
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	927.43	94.84
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	130.82	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,058.25	94.84
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$53,936,865.00	19,222,880.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,576.86	735.44
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,043.88	787.66
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,058.25	\$94.84
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$268.24	\$21.27
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	790.01	73.57



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101036 - 2011/07

1,357.73 / 152.51

Doctors Memorial Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Holmes (30)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	3,250,072	5,269,742	615,139	1,414,351	Total Bed Days	7,300
2. Routine	2,154,769		427,277		Total Inpatient Days	4,558
3. Special Care	777,598		138,827		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	888
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,914
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	0	0	0	0	Medicaid Paid Claims	9,836
9. Total Cost	6,182,439	5,269,742	1,181,243	1,414,351	Property Rate Allowance	1.00
10. Charges	\$14,124,811	\$15,417,092	\$2,720,867	3,061,613	First Semester in effect:	2011/07
11. Fixed Costs	2,270,363.00		437,340.77		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,063.43		182.54	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,464.82	154.67	FPLI	0.8419

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,181,243.00	1,414,351.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 437,340.77	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	743,902.23	1,414,351.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	795,028.17	1,511,554.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	888	9,836
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	895.30	153.68
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	895.30	153.68
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8419) for Holmes county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	895.30	153.68
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	492.50	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,387.80	153.68
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$2,720,867.00	3,061,613.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,064.04	311.27
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,274.62	332.66
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,387.80	\$153.68
AU	Medicaid Trend Adjustment IP% : 11.464 OP% : 9.290	\$159.10	\$14.28
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	129.02	13.11
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,357.73	152.51



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101044 - 2011/07

1,804.64 / 115.80

Indian River Memorial Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Indian River (31)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	56,005,810	46,730,180	5,716,338	4,327,854	Total Bed Days	122,275
2. Routine	42,863,724		3,763,521		Total Inpatient Days	65,603
3. Special Care	6,826,217		465,300		Total Newborn Days	2,403
4. Newborn Routine	910,437		597,494		Medicaid Inpatient Days	5,907
5. Intern-Resident	0		0		Medicaid Newborn IP Days	94
6. Home Health					Medicare Inpatient Days	36,980
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-1,206,622	-528,915	-119,327	-48,985	Medicaid Paid Claims	39,490
9. Total Cost	105,399,566	46,201,265	10,423,326	4,278,869	Property Rate Allowance	0.80
10. Charges	\$282,235,952	\$188,664,130	\$25,005,964	15,448,582	First Semester in effect:	2011/07
11. Fixed Costs	13,022,789.00		1,153,812.58		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,739.90	122.05	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,650.82	174.31	FPLI	0.9488
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,423,326.03	4,278,869.20
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,153,812.58	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,269,513.45	4,278,869.20
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,906,576.44	4,572,941.72
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	6,001	39,490
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,650.82	115.80
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,650.82	115.80
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9488) for Indian River county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,650.82	115.80
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	153.82	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,804.64	115.80
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$25,005,964.00	15,448,582.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,166.97	391.20
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,453.35	418.09
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,804.64	\$115.80
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$457.43	\$25.97
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	457.43	25.97
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,804.64	115.80



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101044 - 2011/07

802.87 / 89.83

County Billing ONLY

Indian River Memorial Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Indian River (31)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	56,005,810	46,730,180	5,716,338	4,327,854	Total Bed Days	122,275
2. Routine	42,863,724		3,763,521		Total Inpatient Days	65,603
3. Special Care	6,826,217		465,300		Total Newborn Days	2,403
4. Newborn Routine	910,437		597,494		Medicaid Inpatient Days	5,907
5. Intern-Resident	0		0		Medicaid Newborn IP Days	94
6. Home Health					Medicare Inpatient Days	36,980
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-1,206,622	-528,915	-119,327	-48,985	Medicaid Paid Claims	39,490
9. Total Cost	105,399,566	46,201,265	10,423,326	4,278,869	Property Rate Allowance	0.80
10. Charges	\$282,235,952	\$188,664,130	\$25,005,964	15,448,582	First Semester in effect:	2011/07
11. Fixed Costs	13,022,789.00		1,153,812.58		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,739.90		122.05	County Ceiling Base	902.50	154.24
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	973.22	118.82	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,650.82	174.31	FPLI	0.9488

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,423,326.03	4,278,869.20
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,153,812.58	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,269,513.45	4,278,869.20
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,906,576.44	4,572,941.72
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	6,001	39,490
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,650.82	115.80
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	993.88	122.55
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	993.88	115.80
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9488) for Indian River county	1,650.82	174.31
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	921.66	159.08
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	921.66	159.08
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	921.66	115.80
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	153.82	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,075.48	115.80
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$25,005,964.00	15,448,582.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,166.97	391.20
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,453.35	418.09
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,075.48	\$115.80
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$272.61	\$25.97
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	802.87	89.83



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101061 - 2011/07

2,182.17 / 111.37

Jackson Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Rural

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Jackson (32)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,228,340	17,858,159	2,961,727	2,597,078	Total Bed Days	32,120
2. Routine	7,056,040		1,001,714		Total Inpatient Days	13,521
3. Special Care	1,799,064		346,185		Total Newborn Days	1,200
4. Newborn Routine	492,350		368,851		Medicaid Inpatient Days	2,155
5. Intern-Resident	0		0		Medicaid Newborn IP Days	27
6. Home Health					Medicare Inpatient Days	7,610
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-220,256	-237,295	-62,167	-34,509	Medicaid Paid Claims	23,620
9. Total Cost	16,355,538	17,620,864	4,616,310	2,562,569	Property Rate Allowance	1.00
10. Charges	\$41,999,917	\$69,418,868	\$6,486,782	9,996,786	First Semester in effect:	2011/07
11. Fixed Costs	2,291,498.00		353,916.13		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,441.17	135.58	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,487.96	157.12	FPLI	0.8552
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,616,310.40	2,562,568.58
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 353,916.13	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,262,394.27	2,562,568.58
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,555,334.53	2,738,685.44
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,182	23,620
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,087.69	115.95
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,087.69	115.95
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8552) for Jackson county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,087.69	115.95
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	162.20	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,249.89	115.95
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$6,486,782.00	9,996,786.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,972.86	423.23
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,177.17	452.32
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,249.89	\$115.95
AU	Medicaid Trend Adjustment IP% : 14.655 OP% : 9.290	\$329.71	\$10.77
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	261.99	6.20
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	2,182.17	111.37



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101079 - 2011/07

1,689.26 / 100.87

Leesburg Regional Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

County: Lake (35)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	95,265,999	61,761,853	6,054,949	3,572,787	Total Bed Days	112,785
2. Routine	58,425,379		3,064,817		Total Inpatient Days	83,059
3. Special Care	14,220,822		812,057		Total Newborn Days	3,271
4. Newborn Routine	1,316,344		641,473		Medicaid Inpatient Days	4,458
5. Intern-Resident	0		0		Medicaid Newborn IP Days	508
6. Home Health					Medicare Inpatient Days	53,396
7. Malpractice					Prospective Inflation factor	1.1238095238
8. Adjustments	-2,266,051	-827,021	-141,582	-47,841	Medicaid Paid Claims	30,358
9. Total Cost	166,962,493	60,934,832	10,431,715	3,524,946	Property Rate Allowance	0.80
10. Charges	\$540,790,566	\$282,130,462	\$27,614,445	16,953,876	First Semester in effect:	2010/07
11. Fixed Costs	19,243,736.00		982,644.90		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,307.22	140.80	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,612.54	170.27	FPLI	0.9268
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,431,714.50	3,524,945.67
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 982,644.90	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,449,069.60	3,524,945.67
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,618,954.41	3,961,367.51
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,966	30,358
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,138.33	130.49
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,138.33	130.49
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9268) for Lake county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL) * Partial Exemption: IP% : 97.35 OP% : 97.35	2,104.51	130.03
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	158.30	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,262.81	130.03
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$27,614,445.00	16,953,876.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,560.70	558.46
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,249.17	627.60
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,262.81	\$130.03
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$573.55	\$29.16
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,689.26	100.87



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101079 - 2011/07

762.75 / 87.74

County Billing ONLY

Leesburg Regional Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

County: Lake (35)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	95,265,999	61,761,853	6,054,949	3,572,787	Total Bed Days	112,785
2. Routine	58,425,379		3,064,817		Total Inpatient Days	83,059
3. Special Care	14,220,822		812,057		Total Newborn Days	3,271
4. Newborn Routine	1,316,344		641,473		Medicaid Inpatient Days	4,458
5. Intern-Resident	0		0		Medicaid Newborn IP Days	508
6. Home Health					Medicare Inpatient Days	53,396
7. Malpractice					Prospective Inflation factor	1.1238095238
8. Adjustments	-2,266,051	-827,021	-141,582	-47,841	Medicaid Paid Claims	30,358
9. Total Cost	166,962,493	60,934,832	10,431,715	3,524,946	Property Rate Allowance	0.80
10. Charges	\$540,790,566	\$282,130,462	\$27,614,445	16,953,876	First Semester in effect:	2010/07
11. Fixed Costs	19,243,736.00		982,644.90		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,307.22		140.80	County Ceiling Base	886.98	162.16
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	845.48	109.66	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,612.54	170.27	FPLI	0.9268

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,431,714.50	3,524,945.67
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 982,644.90	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,449,069.60	3,524,945.67
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,618,954.41	3,961,367.51
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,966	30,358
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,138.33	130.49
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	863.43	113.10
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	863.43	113.10
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9268) for Lake county	1,612.54	170.27
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	905.81	167.25
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	905.81	167.25
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	863.43	113.10
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	158.30	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,021.73	113.10
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$27,614,445.00	16,953,876.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,560.70	558.46
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,249.17	627.60
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,021.73	\$113.10
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$258.98	\$25.36
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	762.75	87.74



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101087 - 2011/07

2,307.93 / 93.22

South Lake Memorial Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Self Exempt

Type of Action: Amended Cost Report [2]
: Rate Includes Buy Back

County: Lake (35)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	28,583,499	36,706,550	3,169,332	1,726,530	Total Bed Days	37,960
2. Routine	19,378,853		1,367,445		Total Inpatient Days	28,754
3. Special Care	4,346,055		355,235		Total Newborn Days	1,195
4. Newborn Routine	910,617		284,995		Medicaid Inpatient Days	2,280
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,468
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-733,082	-505,626	-71,312	-23,783	Medicaid Paid Claims	19,522
9. Total Cost	52,485,942	36,200,924	5,105,695	1,702,747	Property Rate Allowance	0.80
10. Charges	\$251,439,231	\$253,146,558	\$18,254,571	14,145,339	First Semester in effect:	2011/07
11. Fixed Costs	9,969,854.00		723,814.68		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,216.18		100.58	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,612.54	170.27	FPLI	0.9268

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,105,694.70	1,702,747.37
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 723,814.68	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,381,880.02	1,702,747.37
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,683,032.13	1,819,771.56
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,280	19,522
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,053.96	93.22
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,053.96	93.22
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9268) for Lake county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,053.96	93.22
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	253.97	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,307.93	93.22
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$18,254,571.00	14,145,339.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,006.39	724.58
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,556.64	774.38
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,307.93	\$93.22
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$585.00	\$20.90
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	584.99	20.90
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,307.93	93.22



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

101087 - 2011/07

865.81 / 72.32

County Billing ONLY

South Lake Memorial Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Self Exempt

Type of Action: Amended Cost Report [2]

County: Lake (35)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	28,583,499	36,706,550	3,169,332	1,726,530	Total Bed Days	37,960
2. Routine	19,378,853		1,367,445		Total Inpatient Days	28,754
3. Special Care	4,346,055		355,235		Total Newborn Days	1,195
4. Newborn Routine	910,617		284,995		Medicaid Inpatient Days	2,280
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,468
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-733,082	-505,626	-71,312	-23,783	Medicaid Paid Claims	19,522
9. Total Cost	52,485,942	36,200,924	5,105,695	1,702,747	Property Rate Allowance	0.80
10. Charges	\$251,439,231	\$253,146,558	\$18,254,571	14,145,339	First Semester in effect:	2011/07
11. Fixed Costs	9,969,854.00		723,814.68		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,216.18	100.58	886.98	162.16	162.16	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	1,729.20	123.40	123.40	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90	183.72	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	1,612.54	170.27	170.27	FPLI	0.9268

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,105,694.70	1,702,747.37
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 723,814.68	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,381,880.02	1,702,747.37
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,683,032.13	1,819,771.56
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,280	19,522
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,053.96	93.22
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,765.91	127.27
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,765.91	93.22
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9268) for Lake county	1,612.54	170.27
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	905.81	167.25
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	905.81	167.25
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	905.81	93.22
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	253.97	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,159.78	93.22
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$18,254,571.00	14,145,339.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,006.39	724.58
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,556.64	774.38
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,159.78	\$93.22
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$293.97	\$20.90
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	865.81	72.32



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101095 - 2011/07

2,149.16 / 141.01

Florida Hospital Waterman

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Lake (35)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	52,439,861	60,948,960	4,491,465	2,682,700	Total Bed Days	74,460
2. Routine	31,362,209		2,380,243		Total Inpatient Days	51,565
3. Special Care	8,849,832		618,857		Total Newborn Days	1,963
4. Newborn Routine	953,759		693,822		Medicaid Inpatient Days	4,020
5. Intern-Resident	0		0		Medicaid Newborn IP Days	19
6. Home Health					Medicare Inpatient Days	30,780
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-1,351,874	-880,239	-118,201	-38,744	Medicaid Paid Claims	20,827
9. Total Cost	92,253,787	60,068,721	8,066,186	2,643,956	Property Rate Allowance	0.80
10. Charges	\$344,254,324	\$342,105,633	\$22,207,328	14,890,243	First Semester in effect:	2011/01
11. Fixed Costs	13,917,365.00		897,788.26		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,127.04	152.15	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,612.54	170.27	FPLI	0.9268
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,066,186.22	2,643,955.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 897,788.26	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,168,397.96	2,643,955.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,962,240.48	2,936,752.72
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,039	20,827
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,971.34	141.01
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,971.34	141.01
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9268) for Lake county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,971.34	141.01
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	177.82	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,149.16	141.01
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$22,207,328.00	14,890,243.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,498.22	714.95
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,107.10	794.12
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,149.16	\$141.01
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$544.75	\$31.62
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	544.75	31.62
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,149.16	141.01



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

101095 - 2011/07

717.70 / 78.14

County Billing ONLY

Florida Hospital Waterman

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Lake (35)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	52,439,861	60,948,960	4,491,465	2,682,700	Total Bed Days	74,460
2. Routine	31,362,209		2,380,243		Total Inpatient Days	51,565
3. Special Care	8,849,832		618,857		Total Newborn Days	1,963
4. Newborn Routine	953,759		693,822		Medicaid Inpatient Days	4,020
5. Intern-Resident	0		0		Medicaid Newborn IP Days	19
6. Home Health					Medicare Inpatient Days	30,780
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-1,351,874	-880,239	-118,201	-38,744	Medicaid Paid Claims	20,827
9. Total Cost	92,253,787	60,068,721	8,066,186	2,643,956	Property Rate Allowance	0.80
10. Charges	\$344,254,324	\$342,105,633	\$22,207,328	14,890,243	First Semester in effect:	2011/01
11. Fixed Costs	13,917,365.00		897,788.26		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,127.04		152.15	886.98	162.16	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	767.28	97.65	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,612.54	170.27	FPLI	0.9268

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,066,186.22	2,643,955.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 897,788.26	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,168,397.96	2,643,955.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,962,240.48	2,936,752.72
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,039	20,827
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,971.34	141.01
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	783.57	100.72
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	783.57	100.72
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9268) for Lake county	1,612.54	170.27
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	905.81	167.25
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	905.81	167.25
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	783.57	100.72
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	177.82	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	961.39	100.72
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$22,207,328.00	14,890,243.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,498.22	714.95
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,107.10	794.12
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$961.39	\$100.72
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$243.69	\$22.59
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	717.70	78.14



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101109 - 2011/07

1,679.30 / 156.28

Lee Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Lee (36)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	172,069,567	103,731,462	18,068,291	10,871,295	Total Bed Days	298,935
2. Routine	111,682,292		9,580,823		Total Inpatient Days	176,795
3. Special Care	25,010,995		3,020,936		Total Newborn Days	15,163
4. Newborn Routine	31,932,681		14,953,401		Medicaid Inpatient Days	21,909
5. Intern-Resident	0		0		Medicaid Newborn IP Days	6,009
6. Home Health					Medicare Inpatient Days	68,178
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-5,415,077	-1,648,727	-725,147	-172,790	Medicaid Paid Claims	73,163
9. Total Cost	335,280,458	102,082,735	44,898,304	10,698,505	Property Rate Allowance	0.80
10. Charges	\$1,239,305,583	\$606,695,343	\$174,570,216	56,232,789	First Semester in effect:	2011/07
11. Fixed Costs	29,093,009.00		4,098,079.55		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,647.89		164.89	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,649.08	174.13	FPLI	0.9478

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	44,898,303.52	10,698,504.65
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 4,098,079.55	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	40,800,223.97	10,698,504.65
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	43,604,288.38	11,433,777.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	27,918	73,163
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,561.87	156.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,561.87	156.28
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,561.87	156.28
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	117.43	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,679.30	156.28
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$174,570,216.00	56,232,789.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,252.96	768.60
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,682.71	821.42
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,679.30	\$156.28
AU	Medicaid Trend Adjustment IP% : 23.707 OP% : 21.591	\$398.11	\$33.74
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	149.19	12.41
AW	Buy Back of Medicaid Trend Adjustment	398.11	33.74
AX	Buy Back of Exemption Tier Adjustment	149.19	12.41
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,679.30	156.28



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101109 - 2011/07

811.28 / 84.02

County Billing ONLY

Lee Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Lee (36)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	172,069,567	103,731,462	18,068,291	10,871,295	Total Bed Days	298,935
2. Routine	111,682,292		9,580,823		Total Inpatient Days	176,795
3. Special Care	25,010,995		3,020,936		Total Newborn Days	15,163
4. Newborn Routine	31,932,681		14,953,401		Medicaid Inpatient Days	21,909
5. Intern-Resident	0		0		Medicaid Newborn IP Days	6,009
6. Home Health					Medicare Inpatient Days	68,178
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-5,415,077	-1,648,727	-725,147	-172,790	Medicaid Paid Claims	73,163
9. Total Cost	335,280,458	102,082,735	44,898,304	10,698,505	Property Rate Allowance	0.80
10. Charges	\$1,239,305,583	\$606,695,343	\$174,570,216	56,232,789	First Semester in effect:	2011/07
11. Fixed Costs	29,093,009.00		4,098,079.55		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,647.89		164.89	County Ceiling Base	949.16	169.32
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,035.71	105.00	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,649.08	174.13	FPLI	0.9478

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	44,898,303.52	10,698,504.65
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 4,098,079.55	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	40,800,223.97	10,698,504.65
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	43,604,288.38	11,433,777.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	27,918	73,163
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,561.87	156.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,057.70	108.30
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,057.70	108.30
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county	1,649.08	174.13
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	969.31	174.64
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	969.31	174.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	969.31	108.30
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	117.43	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,086.74	108.30
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$174,570,216.00	56,232,789.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,252.96	768.60
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,682.71	821.42
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,086.74	\$108.30
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$275.46	\$24.28
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	811.28	84.02



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101117 - 2011/07

820.33 / 51.03

Lehigh Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Lee (36)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	11,173,039	17,942,482	986,156	1,812,906	Total Bed Days	32,120
2. Routine	9,482,019		602,969		Total Inpatient Days	13,875
3. Special Care	2,261,186		283,337		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,062
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,694
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	0	0	0	0	Medicaid Paid Claims	27,165
9. Total Cost	22,916,244	17,942,482	1,872,462	1,812,906	Property Rate Allowance	0.80
10. Charges	\$115,510,485	\$123,150,008	\$9,492,395	13,369,182	First Semester in effect:	2011/01
11. Fixed Costs	3,342,889.00		274,711.19		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,763.11		78.21	County Ceiling Base	949.16	169.32
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	873.38	63.78	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,649.08	174.13	FPLI	0.9478

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,872,462.00	1,812,906.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 274,711.19	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,597,750.81	1,812,906.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,774,688.88	2,013,670.78
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,062	27,165
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,671.08	74.13
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	891.92	65.78
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	891.92	65.78
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county	1,649.08	174.13
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	969.31	174.64
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	969.31	174.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	891.92	65.78
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	206.94	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,098.86	65.78
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$9,492,395.00	13,369,182.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,938.23	492.15
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,928.07	546.65
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,098.86	\$65.78
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$278.53	\$14.75
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	820.33	51.03



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101133 - 2011/07

1,179.13 / 102.05

Tallahassee Memorial Regional M.C.

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Leon (37)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	106,320,920	124,710,232	12,841,786	5,294,235	Total Bed Days	172,645
2. Routine	81,254,740		10,038,220		Total Inpatient Days	103,584
3. Special Care	16,247,800		2,432,331		Total Newborn Days	17,066
4. Newborn Routine	10,359,360		4,434,888		Medicaid Inpatient Days	13,303
5. Intern-Resident	0		0		Medicaid Newborn IP Days	3,956
6. Home Health					Medicare Inpatient Days	30,612
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	0	0	0	0	Medicaid Paid Claims	43,758
9. Total Cost	214,182,820	124,710,232	29,747,225	5,294,235	Property Rate Allowance	0.80
10. Charges	\$763,715,680	\$611,124,756	\$88,705,076	26,514,013	First Semester in effect:	2011/07
11. Fixed Costs	24,227,887.00		2,814,053.21		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,736.73	134.65	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,670.83	176.43	FPLI	0.9603
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	29,747,225.00	5,294,235.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,814,053.21	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	26,933,171.79	5,294,235.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	28,784,199.58	5,658,090.26
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	17,259	43,758
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,667.78	129.30
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,667.78	129.30
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,667.78	129.30
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	130.44	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,798.22	129.30
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$88,705,076.00	26,514,013.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,139.64	605.92
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,492.87	647.56
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,798.22	\$129.30
AU	Medicaid Trend Adjustment IP% : 24.186 OP% : 21.591	\$434.92	\$27.92
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	207.45	0.80
AW	Buy Back of Medicaid Trend Adjustment	23.29	1.48
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,179.13	102.05



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101133 - 2011/07

723.40 / 97.89

County Billing ONLY

Tallahassee Memorial Regional M.C.

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Leon (37)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	106,320,920	124,710,232	12,841,786	5,294,235	Total Bed Days	172,645
2. Routine	81,254,740		10,038,220		Total Inpatient Days	103,584
3. Special Care	16,247,800		2,432,331		Total Newborn Days	17,066
4. Newborn Routine	10,359,360		4,434,888		Medicaid Inpatient Days	13,303
5. Intern-Resident	0		0		Medicaid Newborn IP Days	3,956
6. Home Health					Medicare Inpatient Days	30,612
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	0	0	0	0	Medicaid Paid Claims	43,758
9. Total Cost	214,182,820	124,710,232	29,747,225	5,294,235	Property Rate Allowance	0.80
10. Charges	\$763,715,680	\$611,124,756	\$88,705,076	26,514,013	First Semester in effect:	2011/07
11. Fixed Costs	24,227,887.00		2,814,053.21		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,736.73		134.65	921.62	162.81	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	821.15	122.35	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,670.83	176.43	FPLI	0.9603

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	29,747,225.00	5,294,235.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,814,053.21	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	26,933,171.79	5,294,235.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	28,784,199.58	5,658,090.26
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	17,259	43,758
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,667.78	129.30
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	838.58	126.19
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	838.58	126.19
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county	1,670.83	176.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	941.19	167.92
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	941.19	167.92
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	838.58	126.19
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	130.44	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	969.02	126.19
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$88,705,076.00	26,514,013.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,139.64	605.92
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,492.87	647.56
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$969.02	\$126.19
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$245.62	\$28.30
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	723.40	97.89



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101141 - 2011/07

1,224.35 / 36.33

Tri-County Hospital Williston

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Levy (38)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	730,970	2,561,381	228,278	238,438	Total Bed Days	7,300
2. Routine	779,494		217,843		Total Inpatient Days	1,188
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	358
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	157
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	0	0	0	0	Medicaid Paid Claims	6,865
9. Total Cost	1,510,464	2,561,381	446,121	238,438	Property Rate Allowance	1.00
10. Charges	\$3,693,676	\$7,693,826	\$924,743	881,602	First Semester in effect:	2011/07
11. Fixed Costs	138,929.00		34,782.05		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,423.23	43.02	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,501.19	158.51	FPLI	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					0.8628

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	446,121.00	238,438.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 34,782.05	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	411,338.95	238,438.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	439,608.92	254,825.05
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	358	6,865
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,227.96	37.12
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,227.96	37.12
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8628) for Levy county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,227.96	37.12
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	97.16	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,325.12	37.12
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$924,743.00	881,602.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,583.08	128.42
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,760.61	137.25
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,325.12	\$37.12
AU	Medicaid Trend Adjustment IP% : 14.655 OP% : 9.290	\$194.19	\$3.45
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	93.42	2.66
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,224.35	36.33



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101150 - 2011/07

1,275.74 / 51.16

Madison County Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Madison (40)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	803,033	2,800,361	22,812	263,225	Total Bed Days	9,125
2. Routine	848,236		23,442		Total Inpatient Days	1,335
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	49
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	857
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-13,494	-22,885	-378	-2,151	Medicaid Paid Claims	5,053
9. Total Cost	1,637,775	2,777,476	45,876	261,074	Property Rate Allowance	1.00
10. Charges	\$4,694,906	\$11,684,417	\$121,221	1,028,874	First Semester in effect:	2011/07
11. Fixed Costs	349,680.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,183.77		63.39	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,515.63	160.04	FPLI	0.8711

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	1,637,774.73	261,073.91
AB	Total Fixed Costs	(-) 349,680.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	1,288,094.73	261,073.91
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,376,621.22	279,016.66
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	1,335	5,053
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,031.18	55.22
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,031.18	55.22
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8711) for Madison county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,031.18	55.22
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	261.93	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,293.11	55.22
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$4,694,906.00	1,028,874.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,516.78	203.62
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,758.48	217.61
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,293.11	\$55.22
AU	Medicaid Trend Adjustment IP% : 14.655 OP% : 11.321	\$189.50	\$6.25
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	172.13	2.20
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,275.74	51.16



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101168 - 2011/07

1,727.40 / 116.58

Manatee Memorial Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Manatee (41)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	69,923,168	41,007,929	9,632,539	3,061,092	Total Bed Days	116,435
2. Routine	54,043,935		6,961,710		Total Inpatient Days	74,860
3. Special Care	10,619,071		2,570,025		Total Newborn Days	3,149
4. Newborn Routine	1,078,992		795,976		Medicaid Inpatient Days	11,163
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,276
6. Home Health					Medicare Inpatient Days	32,434
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	0	0	0	0	Medicaid Paid Claims	29,165
9. Total Cost	135,665,166	41,007,929	19,960,250	3,061,092	Property Rate Allowance	0.80
10. Charges	\$476,642,244	\$213,125,749	\$51,875,794	18,371,641	First Semester in effect:	2011/01
11. Fixed Costs	20,210,184.00		2,199,593.84		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,632.97	120.04	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,689.79	178.43	FPLI	0.9712
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	19,960,250.00	3,061,092.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,199,593.84	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	17,760,656.16	3,061,092.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	19,727,506.24	3,400,083.36
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	12,439	29,165
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,585.94	116.58
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,585.94	116.58
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9712) for Manatee county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,585.94	116.58
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	141.46	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,727.40	116.58
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$51,875,794.00	18,371,641.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,170.42	629.92
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,632.26	699.68
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,727.40	\$116.58
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$437.85	\$26.14
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	196.37	3.90
AW	Buy Back of Medicaid Trend Adjustment	437.85	26.14
AX	Buy Back of Exemption Tier Adjustment	196.37	3.90
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,727.40	116.58



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101168 - 2011/07

694.48 / 78.63

County Billing ONLY

Manatee Memorial Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Manatee (41)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	69,923,168	41,007,929	9,632,539	3,061,092	Total Bed Days	116,435
2. Routine	54,043,935		6,961,710		Total Inpatient Days	74,860
3. Special Care	10,619,071		2,570,025		Total Newborn Days	3,149
4. Newborn Routine	1,078,992		795,976		Medicaid Inpatient Days	11,163
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,276
6. Home Health					Medicare Inpatient Days	32,434
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	0	0	0	0	Medicaid Paid Claims	29,165
9. Total Cost	135,665,166	41,007,929	19,960,250	3,061,092	Property Rate Allowance	0.80
10. Charges	\$476,642,244	\$213,125,749	\$51,875,794	18,371,641	First Semester in effect:	2011/01
11. Fixed Costs	20,210,184.00		2,199,593.84		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,632.97		120.04	927.75	162.04	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	772.42	98.27	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,689.79	178.43	FPLI	0.9712

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	19,960,250.00	3,061,092.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,199,593.84	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	17,760,656.16	3,061,092.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	19,727,506.24	3,400,083.36
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	12,439	29,165
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,585.94	116.58
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	788.82	101.36
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	788.82	101.36
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9712) for Manatee county	1,689.79	178.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	947.45	167.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	947.45	167.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	788.82	101.36
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	141.46	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	930.28	101.36
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$51,875,794.00	18,371,641.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,170.42	629.92
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,632.26	699.68
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$930.28	\$101.36
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$235.80	\$22.73
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	694.48	78.63



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101176 - 2011/07

1,825.06 / 103.35

Munroe Regional Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Marion (42)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	104,825,795	78,181,992	8,681,032	7,300,130	Total Bed Days	145,635
2. Routine	69,137,320		5,809,322		Total Inpatient Days	104,715
3. Special Care	14,620,467		1,548,631		Total Newborn Days	6,521
4. Newborn Routine	3,503,784		1,992,345		Medicaid Inpatient Days	9,787
5. Intern-Resident	0		0		Medicaid Newborn IP Days	369
6. Home Health					Medicare Inpatient Days	53,718
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-2,695,104	-1,096,942	-252,991	-102,425	Medicaid Paid Claims	74,429
9. Total Cost	189,392,262	77,085,050	17,778,339	7,197,705	Property Rate Allowance	0.80
10. Charges	\$825,457,155	\$458,759,221	\$70,260,682	38,511,832	First Semester in effect:	2011/07
11. Fixed Costs	20,322,624.00		1,729,806.83		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,789.93		109.54	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,641.60	173.34	FPLI	0.9435

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	17,778,339.30	7,197,704.67
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,729,806.83	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	16,048,532.47	7,197,704.67
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	17,151,495.01	7,692,379.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	10,156	74,429
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,688.80	103.35
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,688.80	103.35
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9435) for Marion county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,688.80	103.35
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	136.26	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,825.06	103.35
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$70,260,682.00	38,511,832.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,918.15	517.43
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,393.61	552.99
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,825.06	\$103.35
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$462.60	\$23.17
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	462.60	23.17
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,825.06	103.35



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101176 - 2011/07

766.53 / 74.23

County Billing ONLY

Munroe Regional Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Marion (42)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	104,825,795	78,181,992	8,681,032	7,300,130	Total Bed Days	145,635
2. Routine	69,137,320		5,809,322		Total Inpatient Days	104,715
3. Special Care	14,620,467		1,548,631		Total Newborn Days	6,521
4. Newborn Routine	3,503,784		1,992,345		Medicaid Inpatient Days	9,787
5. Intern-Resident	0		0		Medicaid Newborn IP Days	369
6. Home Health					Medicare Inpatient Days	53,718
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-2,695,104	-1,096,942	-252,991	-102,425	Medicaid Paid Claims	74,429
9. Total Cost	189,392,262	77,085,050	17,778,339	7,197,705	Property Rate Allowance	0.80
10. Charges	\$825,457,155	\$458,759,221	\$70,260,682	38,511,832	First Semester in effect:	2011/07
11. Fixed Costs	20,322,624.00		1,729,806.83		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,789.93		109.54	County Ceiling Base	874.96	147.56
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	872.02	92.77	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,641.60	173.34	FPLI	0.9435

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	17,778,339.30	7,197,704.67
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,729,806.83	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	16,048,532.47	7,197,704.67
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	17,151,495.01	7,692,379.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	10,156	74,429
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,688.80	103.35
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	890.53	95.68
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	890.53	95.68
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9435) for Marion county	1,641.60	173.34
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	893.54	152.19
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	893.54	152.19
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	890.53	95.68
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	136.26	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,026.79	95.68
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$70,260,682.00	38,511,832.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,918.15	517.43
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,393.61	552.99
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,026.79	\$95.68
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$260.26	\$21.45
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	766.53	74.23



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101184 - 2011/07

1,091.23 / 114.90

Martin Memorial Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Martin (43)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	93,864,467	95,011,923	6,413,867	5,932,979	Total Bed Days	125,560
2. Routine	38,292,442		2,303,452		Total Inpatient Days	71,243
3. Special Care	17,754,982		1,570,272		Total Newborn Days	4,673
4. Newborn Routine	2,013,462		882,853		Medicaid Inpatient Days	5,547
5. Intern-Resident	0		0		Medicaid Newborn IP Days	232
6. Home Health					Medicare Inpatient Days	39,385
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-2,172,542	-1,358,677	-159,738	-84,842	Medicaid Paid Claims	53,206
9. Total Cost	149,752,811	93,653,246	11,010,706	5,848,137	Property Rate Allowance	0.80
10. Charges	\$727,675,760	\$599,699,661	\$46,338,140	37,399,299	First Semester in effect:	2011/07
11. Fixed Costs	21,319,050.00		1,357,589.71		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)		
	1. Normalized Rate	1,870.08		123.06	884.52	167.96	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	949.79	124.83	Cost Report DRI Index	1.877	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,660.91	175.38	FPLI	0.9546	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	11,010,705.93	5,848,137.02
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,357,589.71	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,653,116.22	5,848,137.02
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,316,542.96	6,250,060.13
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,779	53,206
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,785.18	117.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	969.96	128.75
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	969.96	117.47
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9546) for Martin county	1,660.91	175.38
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	903.30	173.23
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	903.30	173.23
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	903.30	117.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	187.93	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,091.23	117.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$46,338,140.00	37,399,299.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,018.37	702.92
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,569.45	751.23
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,091.23	\$117.47
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$276.60	\$26.34
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	276.60	23.77
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,091.23	114.90



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101192 - 2011/07

1,681.96 / 111.25

Lower Florida Keys Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2009-9/30/2010
 Hospital Classification: Special

Type of Action: Amended Cost Report [2]
 : Rate Includes Buy Back

County: Monroe (44)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	17,643,259	17,004,751	2,997,399	1,709,361	Total Bed Days	55,480
2. Routine	14,454,295		2,569,487		Total Inpatient Days	20,863
3. Special Care	2,950,621		460,251		Total Newborn Days	950
4. Newborn Routine	499,300		206,553		Medicaid Inpatient Days	3,769
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,626
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-584,592	-279,649	-102,515	-28,111	Medicaid Paid Claims	16,149
9. Total Cost	34,962,883	16,725,102	6,131,175	1,681,250	Property Rate Allowance	0.80
10. Charges	\$130,821,876	\$97,434,697	\$21,014,732	10,544,103	First Semester in effect:	2011/07
11. Fixed Costs	4,939,564.00		793,472.90		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,499.30	110.21	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,756.43	185.47	FPLI	1.0095
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,131,174.64	1,681,249.92
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 793,472.90	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,337,701.74	1,681,249.92
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,704,544.32	1,796,796.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,769	16,149
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,513.54	111.26
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,513.54	111.26
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0095) for Monroe county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,513.54	111.26
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	168.42	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,681.96	111.26
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$21,014,732.00	10,544,103.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,575.68	652.93
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,958.88	697.80
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,681.96	\$111.26
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$426.33	\$24.95
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	205.00	8.15
AW	Buy Back of Medicaid Trend Adjustment	426.33	24.95
AX	Buy Back of Exemption Tier Adjustment	205.00	8.14
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,681.96	111.25



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

101192 - 2011/07

634.43 / 61.62

County Billing ONLY

Lower Florida Keys Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2009-9/30/2010
 Hospital Classification: Special

Type of Action: Amended Cost Report [2]

County: Monroe (44)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	17,643,259	17,004,751	2,997,399	1,709,361	Total Bed Days	55,480
2. Routine	14,454,295		2,569,487		Total Inpatient Days	20,863
3. Special Care	2,950,621		460,251		Total Newborn Days	950
4. Newborn Routine	499,300		206,553		Medicaid Inpatient Days	3,769
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,626
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-584,592	-279,649	-102,515	-28,111	Medicaid Paid Claims	16,149
9. Total Cost	34,962,883	16,725,102	6,131,175	1,681,250	Property Rate Allowance	0.80
10. Charges	\$130,821,876	\$97,434,697	\$21,014,732	10,544,103	First Semester in effect:	2011/07
11. Fixed Costs	4,939,564.00		793,472.90		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,499.30		110.21	County Ceiling Base	931.89	177.00
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	667.25	77.01	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,756.43	185.47	FPLI	1.0095

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,131,174.64	1,681,249.92
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 793,472.90	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,337,701.74	1,681,249.92
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,704,544.32	1,796,796.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,769	16,149
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,513.54	111.26
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	681.42	79.43
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	681.42	79.43
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0095) for Monroe county	1,756.43	185.47
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	951.68	182.56
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	951.68	182.56
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	681.42	79.43
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	168.42	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	849.84	79.43
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$21,014,732.00	10,544,103.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,575.68	652.93
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,958.88	697.80
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$849.84	\$79.43
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$215.41	\$17.81
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	634.43	61.62



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101206 - 2011/07

3,149.23 / 119.47

Fishermen's Hospital

Type of Control: Proprietary(1)

Fiscal Year : 2/19/2010-9/30/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Monroe (44)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,960,148	5,696,121	168,013	405,987	Total Bed Days	5,600
2. Routine	2,217,834		134,795		Total Inpatient Days	1,320
3. Special Care	297,660		11,966		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	83
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	693
7. Malpractice					Prospective Inflation factor	1.0619375331
8. Adjustments	-103,711	-131,993	-7,294	-9,408	Medicaid Paid Claims	3,223
9. Total Cost	4,371,931	5,564,128	307,480	396,579	Property Rate Allowance	1.00
10. Charges	\$9,860,651	\$22,885,657	\$806,405	1,630,318	First Semester in effect:	2011/07
11. Fixed Costs	1,348,253.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,409.65		129.44	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.889
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,756.43	185.47	FPLI	1.0095

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	4,371,930.70	396,579.31
AB	Total Fixed Costs	(-) 1,348,253.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	3,023,677.70	396,579.31
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,210,956.84	421,142.45
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	1,320	3,223
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,432.54	130.67
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,432.54	130.67
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0095) for Monroe county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,432.54	130.67
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	1,021.40	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	3,453.94	130.67
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$9,860,651.00	1,630,318.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,470.19	505.84
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	7,932.88	537.17
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$3,453.94	\$130.67
AU	Medicaid Trend Adjustment IP% : 14.655 OP% : 11.321	\$506.16	\$14.79
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	201.45	3.59
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	3,149.23	119.47



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101214 - 2011/07

5,559.88 / 331.73

Mariners Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 3/31/2010-9/30/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Monroe (44)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,355,944	10,193,629	102,318	499,090	Total Bed Days	4,600
2. Routine	3,329,431		0		Total Inpatient Days	1,267
3. Special Care	1,183,229		41,275		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	65
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	268
7. Malpractice					Prospective Inflation factor	1.0602536998
8. Adjustments	-108,233	-160,628	-2,263	-7,864	Medicaid Paid Claims	1,570
9. Total Cost	6,760,371	10,033,001	141,330	491,226	Property Rate Allowance	1.00
10. Charges	\$13,097,757	\$44,663,565	\$637,957	1,970,704	First Semester in effect:	2011/07
11. Fixed Costs	2,046,920.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	3,907.20		328.61	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,756.43	185.47	FPLI	1.0095

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	6,760,370.82	491,225.51
AB	Total Fixed Costs	(-) 2,046,920.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	4,713,450.82	491,225.51
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,997,453.67	520,823.66
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	1,267	1,570
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	3,944.32	331.73
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	3,944.32	331.73
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0095) for Monroe county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	3,944.32	331.73
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	1,615.56	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	5,559.88	331.73
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$13,097,757.00	1,970,704.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,337.61	1,255.23
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	10,960.49	1,330.86
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$5,559.88	\$331.73
AU	Medicaid Trend Adjustment IP% : 14.655 OP% : 11.321	\$814.77	\$37.56
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	814.77	37.56
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	5,559.88	331.73



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101231 - 2011/07

2,937.40 / 120.56

Baptist Medical Center - Nassau

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Nassau (45)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,712,101	20,891,787	1,187,406	875,541	Total Bed Days	19,710
2. Routine	11,130,813		677,932		Total Inpatient Days	10,785
3. Special Care	0		0		Total Newborn Days	812
4. Newborn Routine	879,653		470,161		Medicaid Inpatient Days	788
5. Intern-Resident	0		0		Medicaid Newborn IP Days	5
6. Home Health					Medicare Inpatient Days	4,749
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-298,665	-287,243	-32,111	-12,038	Medicaid Paid Claims	7,259
9. Total Cost	21,423,902	20,604,544	2,303,388	863,503	Property Rate Allowance	1.00
10. Charges	\$61,568,911	\$103,373,835	\$4,399,408	3,446,822	First Semester in effect:	2011/07
11. Fixed Costs	3,483,958.00		248,946.30		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,819.52		129.46	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,708.58	180.41	FPLI	0.9820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,303,388.05	863,503.12
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 248,946.30	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,054,441.75	863,503.12
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,195,636.73	922,848.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	793	7,259
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,768.77	127.13
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,768.77	127.13
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9820) for Nassau county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,768.77	127.13
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	313.93	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	3,082.70	127.13
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$4,399,408.00	3,446,822.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,547.80	474.83
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,929.08	507.46
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$3,082.70	\$127.13
AU	Medicaid Trend Adjustment IP% : 14.655 OP% : 11.321	\$451.76	\$14.39
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	306.45	7.83
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	2,937.40	120.56



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101257 - 2011/07

906.36 / 68.52

Twin Cities Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2009-5/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Okaloosa (46)
 District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	11,235,812	15,172,714	406,349	1,048,486	Total Bed Days	20,805
2. Routine	4,877,466		199,186		Total Inpatient Days	7,227
3. Special Care	2,964,210		150,723		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	328
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,787
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-267,892	-213,060	-10,620	-14,723	Medicaid Paid Claims	9,178
9. Total Cost	18,809,596	14,959,654	745,638	1,033,763	Property Rate Allowance	0.80
10. Charges	\$120,324,945	\$130,921,782	\$4,858,064	9,592,918	First Semester in effect:	2011/07
11. Fixed Costs	3,869,238.00		156,218.69		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,206.07		138.27	896.82	152.15	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	815.76	85.64	Cost Report DRI Index	1.847
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,539.29	162.54	FPLI	0.8847

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	745,638.39	1,033,762.83
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 156,218.69	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	589,419.70	1,033,762.83
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	640,160.21	1,122,754.87
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	328	9,178
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,951.71	122.33
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	833.08	88.33
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	833.08	88.33
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8847) for Okaloosa county	1,539.29	162.54
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	915.86	156.93
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	915.86	156.93
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	833.08	88.33
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	381.02	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,214.10	88.33
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$4,858,064.00	9,592,918.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	14,811.17	1,045.21
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	16,086.20	1,135.19
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,214.10	\$88.33
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$307.74	\$19.81
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	906.36	68.52



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101265 - 2011/07

789.88 / 87.17

North Okaloosa Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 4/1/2009-3/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Okaloosa (46)
 District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	17,641,506	27,204,721	3,106,808	3,297,783	Total Bed Days	40,150
2. Routine	13,159,529		1,514,055		Total Inpatient Days	21,528
3. Special Care	2,543,185		222,154		Total Newborn Days	1,008
4. Newborn Routine	342,753		221,020		Medicaid Inpatient Days	2,416
5. Intern-Resident	0		0		Medicaid Newborn IP Days	5
6. Home Health					Medicare Inpatient Days	12,090
7. Malpractice					Prospective Inflation factor	1.0961748634
8. Adjustments	-540,925	-436,837	-81,315	-52,954	Medicaid Paid Claims	31,265
9. Total Cost	33,146,048	26,767,884	4,982,722	3,244,829	Property Rate Allowance	0.80
10. Charges	\$275,486,159	\$329,657,186	\$29,543,914	46,538,555	First Semester in effect:	2011/01
11. Fixed Costs	6,446,928.00		691,386.77		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,196.25		128.60	County Ceiling Base	896.82	152.15
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	812.36	108.95	Cost Report DRI Index	1.830
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,539.29	162.54	FPLI	0.8847

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,982,721.76	3,244,829.19
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 691,386.77	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,291,334.99	3,244,829.19
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,704,053.54	3,556,900.19
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,421	31,265
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,943.02	113.77
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	829.61	112.37
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	829.61	112.37
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8847) for Okaloosa county	1,539.29	162.54
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	915.86	156.93
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	915.86	156.93
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	829.61	112.37
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	228.46	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,058.07	112.37
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$29,543,914.00	46,538,555.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,203.19	1,488.52
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	13,376.83	1,631.68
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,058.07	\$112.37
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$268.19	\$25.20
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	789.88	87.17



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101290 - 2011/07

1,591.90 / 110.20

Florida Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Statutory Teaching

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Orange (48)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	587,735,764	405,281,201	49,521,677	23,623,058	Total Bed Days	730,368
2. Routine	400,690,120		35,019,914		Total Inpatient Days	521,893
3. Special Care	126,145,713		10,112,179		Total Newborn Days	34,331
4. Newborn Routine	28,034,481		12,632,128		Medicaid Inpatient Days	47,413
5. Intern-Resident	0		0		Medicaid Newborn IP Days	6,906
6. Home Health					Medicare Inpatient Days	207,240
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-18,239,361	-6,469,482	-1,712,599	-377,094	Medicaid Paid Claims	175,614
9. Total Cost	1,124,366,717	398,811,719	105,573,299	23,245,964	Property Rate Allowance	0.80
10. Charges	\$4,800,468,330	\$2,306,527,314	\$420,602,095	159,920,267	First Semester in effect:	2011/01
11. Fixed Costs	117,290,777.00		10,276,652.85		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,989.45	150.11	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,704.23	179.95	FPLI	0.9795
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	105,573,298.87	23,245,964.37
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 10,276,652.85	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	95,296,646.02	23,245,964.37
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	105,849,984.45	25,820,268.29
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	54,319	175,614
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,948.67	147.03
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,948.67	147.03
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,948.67	147.03
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	151.35	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,100.02	147.03
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$420,602,095.00	159,920,267.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,743.19	910.64
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,600.69	1,011.49
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,100.02	\$147.03
AU	Medicaid Trend Adjustment IP% : 25.195 OP% : 22.424	\$529.10	\$32.97
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 72\%)$	214.26	6.16
AW	Buy Back of Medicaid Trend Adjustment	235.24	2.30
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,591.90	110.20



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101290 - 2011/07

804.05 / 92.07

County Billing ONLY

Florida Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Statutory Teaching

Type of Action: Unaudited Cost Report [1]

County: Orange (48)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	587,735,764	405,281,201	49,521,677	23,623,058	Total Bed Days	730,368
2. Routine	400,690,120		35,019,914		Total Inpatient Days	521,893
3. Special Care	126,145,713		10,112,179		Total Newborn Days	34,331
4. Newborn Routine	28,034,481		12,632,128		Medicaid Inpatient Days	47,413
5. Intern-Resident	0		0		Medicaid Newborn IP Days	6,906
6. Home Health					Medicare Inpatient Days	207,240
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-18,239,361	-6,469,482	-1,712,599	-377,094	Medicaid Paid Claims	175,614
9. Total Cost	1,124,366,717	398,811,719	105,573,299	23,245,964	Property Rate Allowance	0.80
10. Charges	\$4,800,468,330	\$2,306,527,314	\$420,602,095	159,920,267	First Semester in effect:	2011/01
11. Fixed Costs	117,290,777.00		10,276,652.85		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,989.45	150.11	906.45	166.48	Semester DRI Index	2.0060	
2. Base Rate Semester	2011/01	2011/01	940.66	115.07	Cost Report DRI Index	1.806	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90	183.72	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	1,704.23	179.95	FPLI	0.9795	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	105,573,298.87	23,245,964.37
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 10,276,652.85	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	95,296,646.02	23,245,964.37
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	105,849,984.45	25,820,268.29
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	54,319	175,614
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,948.67	147.03
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	960.63	118.68
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	960.63	118.68
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county	1,704.23	179.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	925.70	171.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	925.70	171.71
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	925.70	118.68
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	151.35	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,077.05	118.68
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$420,602,095.00	159,920,267.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,743.19	910.64
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,600.69	1,011.49
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,077.05	\$118.68
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$273.00	\$26.61
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	804.05	92.07



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101338 - 2011/07

1,635.55 / 134.84

Orlando Health

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Statutory Teaching Hospital

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Orange (48)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	467,203,674	309,531,697	72,629,125	26,271,261	Total Bed Days	511,365
2. Routine	305,996,975		41,754,192		Total Inpatient Days	383,680
3. Special Care	59,959,820		12,670,401		Total Newborn Days	66,211
4. Newborn Routine	50,758,267		27,022,159		Medicaid Inpatient Days	56,881
5. Intern-Resident	0		0		Medicaid Newborn IP Days	21,949
6. Home Health					Medicare Inpatient Days	105,218
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	0	0	0	0	Medicaid Paid Claims	155,855
9. Total Cost	883,918,736	309,531,697	154,075,877	26,271,261	Property Rate Allowance	0.80
10. Charges	\$3,804,266,603	\$1,879,344,948	\$597,029,072	148,506,984	First Semester in effect:	2011/07
11. Fixed Costs	121,360,698.00		19,045,948.26		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,868.96	183.92	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,704.23	179.95	FPLI	0.9795
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	154,075,877.00	26,271,261.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 19,045,948.26	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	135,029,928.74	26,271,261.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	144,310,089.00	28,076,797.85
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	78,830	155,855
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,830.65	180.15
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,830.65	180.15
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,830.65	180.15
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	193.29	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,023.94	180.15
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$597,029,072.00	148,506,984.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,573.63	952.85
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,094.14	1,018.34
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,023.94	\$180.15
AU	Medicaid Trend Adjustment IP% : 21.096 OP% : 21.591	\$426.98	\$38.90
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 72\%)$	150.32	7.63
AW	Buy Back of Medicaid Trend Adjustment	188.91	1.22
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,635.55	134.84



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101338 - 2011/07

1,003.00 / 112.78

County Billing ONLY

Orlando Health

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Type of Action: Amended Cost Report [2]

County: Orange (48)

District: 7

Hospital Classification: Statutory Teaching Hospital

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	467,203,674	309,531,697	72,629,125	26,271,261	Total Bed Days	511,365
2. Routine	305,996,975		41,754,192		Total Inpatient Days	383,680
3. Special Care	59,959,820		12,670,401		Total Newborn Days	66,211
4. Newborn Routine	50,758,267		27,022,159		Medicaid Inpatient Days	56,881
5. Intern-Resident	0		0		Medicaid Newborn IP Days	21,949
6. Home Health					Medicare Inpatient Days	105,218
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	0	0	0	0	Medicaid Paid Claims	155,855
9. Total Cost	883,918,736	309,531,697	154,075,877	26,271,261	Property Rate Allowance	0.80
10. Charges	\$3,804,266,603	\$1,879,344,948	\$597,029,072	148,506,984	First Semester in effect:	2011/07
11. Fixed Costs	121,360,698.00		19,045,948.26		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt			Semester DRI Index
1. Normalized Rate	1,868.96	183.92	Variable Cost Base	1,126.35	140.95	Cost Report DRI Index	1.877
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,704.23	179.95	FPLI	0.9795
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	154,075,877.00	26,271,261.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 19,045,948.26	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	135,029,928.74	26,271,261.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	144,310,089.00	28,076,797.85
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	78,830	155,855
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,830.65	180.15
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,150.26	145.38
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,150.26	145.38
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county	Exempt	179.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	171.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	171.71
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,150.26	145.38
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	193.29	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,343.55	145.38
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$597,029,072.00	148,506,984.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,573.63	952.85
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,094.14	1,018.34
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,343.55	\$145.38
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$340.55	\$32.60
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,003.00	112.78



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101354 - 2011/07

1,531.68 / 125.45

Health Central

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Orange (48)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	31,081,400	44,715,210	4,180,902	2,766,014	Total Bed Days	62,415
2. Routine	27,104,869		3,057,181		Total Inpatient Days	43,733
3. Special Care	6,126,074		770,615		Total Newborn Days	2,995
4. Newborn Routine	1,205,745		727,480		Medicaid Inpatient Days	5,477
5. Intern-Resident	0		0		Medicaid Newborn IP Days	347
6. Home Health					Medicare Inpatient Days	15,522
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-828,280	-565,290	-110,443	-34,968	Medicaid Paid Claims	23,267
9. Total Cost	64,689,808	44,149,920	8,625,735	2,731,046	Property Rate Allowance	0.80
10. Charges	\$283,410,017	\$261,315,950	\$29,872,277	14,140,569	First Semester in effect:	2011/07
11. Fixed Costs	10,521,368.00		1,108,984.16		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,408.22	128.08	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,704.23	179.95	FPLI	0.9795
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,625,735.19	2,731,046.03
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,108,984.16	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,516,751.03	2,731,046.03
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,033,352.46	2,918,741.79
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,824	23,267
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,379.35	125.45
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,379.35	125.45
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,379.35	125.45
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	152.33	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,531.68	125.45
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$29,872,277.00	14,140,569.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,129.17	607.75
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,481.68	649.52
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,531.68	\$125.45
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$388.24	\$28.13
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	111.76	6.92
AW	Buy Back of Medicaid Trend Adjustment	388.24	28.13
AX	Buy Back of Exemption Tier Adjustment	111.76	6.92
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,531.68	125.45



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

101354 - 2011/07

804.78 / 76.35

County Billing ONLY

Health Central

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Orange (48)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	31,081,400	44,715,210	4,180,902	2,766,014	Total Bed Days	62,415
2. Routine	27,104,869		3,057,181		Total Inpatient Days	43,733
3. Special Care	6,126,074		770,615		Total Newborn Days	2,995
4. Newborn Routine	1,205,745		727,480		Medicaid Inpatient Days	5,477
5. Intern-Resident	0		0		Medicaid Newborn IP Days	347
6. Home Health					Medicare Inpatient Days	15,522
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-828,280	-565,290	-110,443	-34,968	Medicaid Paid Claims	23,267
9. Total Cost	64,689,808	44,149,920	8,625,735	2,731,046	Property Rate Allowance	0.80
10. Charges	\$283,410,017	\$261,315,950	\$29,872,277	14,140,569	First Semester in effect:	2011/07
11. Fixed Costs	10,521,368.00		1,108,984.16		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,408.22		128.08	County Ceiling Base	906.45	166.48
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,093.21	95.42	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,704.23	179.95	FPLI	0.9795

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,625,735.19	2,731,046.03
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,108,984.16	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,516,751.03	2,731,046.03
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,033,352.46	2,918,741.79
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,824	23,267
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,379.35	125.45
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,116.42	98.42
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,116.42	98.42
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county	1,704.23	179.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	925.70	171.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	925.70	171.71
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	925.70	98.42
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	152.33	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,078.03	98.42
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$29,872,277.00	14,140,569.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,129.17	607.75
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,481.68	649.52
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,078.03	\$98.42
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$273.25	\$22.07
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	804.78	76.35



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101389 - 2011/07

1,138.17 / 92.76

Osceola Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Osceola (49)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	58,377,561	44,122,183	7,549,576	3,500,523	Total Bed Days	85,775
2. Routine	43,406,254		4,834,386		Total Inpatient Days	70,968
3. Special Care	14,604,975		2,123,032		Total Newborn Days	3,706
4. Newborn Routine	1,189,191		829,154		Medicaid Inpatient Days	9,090
5. Intern-Resident	0		0		Medicaid Newborn IP Days	84
6. Home Health					Medicare Inpatient Days	23,792
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-2,041,027	-765,913	-266,219	-60,765	Medicaid Paid Claims	30,333
9. Total Cost	115,536,954	43,356,270	15,069,929	3,439,758	Property Rate Allowance	0.80
10. Charges	\$828,955,383	\$465,088,742	\$78,672,106	44,371,553	First Semester in effect:	2011/01
11. Fixed Costs	13,140,674.00		1,247,117.18		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,757.24	132.26	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,657.08	174.97	FPLI	0.9524
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	15,069,929.05	3,439,757.71
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,247,117.18	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	13,822,811.87	3,439,757.71
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	15,353,577.31	3,820,683.26
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,174	30,333
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,673.60	125.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,673.60	125.96
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9524) for Osceola county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,673.60	125.96
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	108.75	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,782.35	125.96
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$78,672,106.00	44,371,553.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,575.55	1,462.81
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,525.22	1,624.80
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,782.35	\$125.96
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$451.78	\$28.24
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	192.40	4.96
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,138.17	92.76



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101389 - 2011/07

747.54 / 82.69

County Billing ONLY

Osceola Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Osceola (49)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	58,377,561	44,122,183	7,549,576	3,500,523	Total Bed Days	85,775
2. Routine	43,406,254		4,834,386		Total Inpatient Days	70,968
3. Special Care	14,604,975		2,123,032		Total Newborn Days	3,706
4. Newborn Routine	1,189,191		829,154		Medicaid Inpatient Days	9,090
5. Intern-Resident	0		0		Medicaid Newborn IP Days	84
6. Home Health					Medicare Inpatient Days	23,792
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-2,041,027	-765,913	-266,219	-60,765	Medicaid Paid Claims	30,333
9. Total Cost	115,536,954	43,356,270	15,069,929	3,439,758	Property Rate Allowance	0.80
10. Charges	\$828,955,383	\$465,088,742	\$78,672,106	44,371,553	First Semester in effect:	2011/01
11. Fixed Costs	13,140,674.00		1,247,117.18		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)		
	1. Normalized Rate	1,757.24		132.26	874.05	163.82	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	964.51	103.35	Cost Report DRI Index	1.806	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,657.08	174.97	FPLI	0.9524	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	15,069,929.05	3,439,757.71
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,247,117.18	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	13,822,811.87	3,439,757.71
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	15,353,577.31	3,820,683.26
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,174	30,333
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,673.60	125.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	984.99	106.59
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	984.99	106.59
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9524) for Osceola county	1,657.08	174.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	892.61	168.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	892.61	168.96
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	892.61	106.59
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	108.75	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,001.36	106.59
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$78,672,106.00	44,371,553.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,575.55	1,462.81
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,525.22	1,624.80
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,001.36	\$106.59
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$253.82	\$23.90
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	747.54	82.69



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101401 - 2011/07

1,358.59 / 87.13

Bethesda Mem. Hosp.

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	86,602,691	61,217,135	14,240,649	5,362,247	Total Bed Days	146,365
2. Routine	54,410,945		8,191,737		Total Inpatient Days	95,107
3. Special Care	14,714,290		1,586,090		Total Newborn Days	12,806
4. Newborn Routine	7,467,917		5,710,546		Medicaid Inpatient Days	15,478
5. Intern-Resident	0		0		Medicaid Newborn IP Days	4,170
6. Home Health					Medicare Inpatient Days	43,165
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-2,180,963	-818,111	-397,301	-71,662	Medicaid Paid Claims	50,344
9. Total Cost	161,014,880	60,399,024	29,331,721	5,290,585	Property Rate Allowance	0.80
10. Charges	\$800,745,255	\$474,088,437	\$130,441,799	40,823,533	First Semester in effect:	2011/07
11. Fixed Costs	19,966,357.00		3,252,529.45		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,383.81	109.56	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,783.57	188.33	FPLI	1.0251
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	29,331,720.84	5,290,585.48
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,252,529.45	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	26,079,191.39	5,290,585.48
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	27,871,527.93	5,654,189.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	19,648	50,344
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,418.54	112.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,418.54	112.31
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,418.54	112.31
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	132.43	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,550.97	112.31
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$130,441,799.00	40,823,533.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,638.94	810.89
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,095.21	866.62
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,550.97	\$112.31
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$393.13	\$25.18
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	105.98	0.00
AW	Buy Back of Medicaid Trend Adjustment	306.73	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,358.59	87.13



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

101401 - 2011/07

836.68 / 87.13

County Billing ONLY

Bethesda Mem. Hosp.

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	86,602,691	61,217,135	14,240,649	5,362,247	Total Bed Days	146,365
2. Routine	54,410,945		8,191,737		Total Inpatient Days	95,107
3. Special Care	14,714,290		1,586,090		Total Newborn Days	12,806
4. Newborn Routine	7,467,917		5,710,546		Medicaid Inpatient Days	15,478
5. Intern-Resident	0		0		Medicaid Newborn IP Days	4,170
6. Home Health					Medicare Inpatient Days	43,165
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-2,180,963	-818,111	-397,301	-71,662	Medicaid Paid Claims	50,344
9. Total Cost	161,014,880	60,399,024	29,331,721	5,290,585	Property Rate Allowance	0.80
10. Charges	\$800,745,255	\$474,088,437	\$130,441,799	40,823,533	First Semester in effect:	2011/07
11. Fixed Costs	19,966,357.00		3,252,529.45		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,383.81		109.56	984.29	177.82	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	967.79	113.41	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,783.57	188.33	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	29,331,720.84	5,290,585.48
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,252,529.45	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	26,079,191.39	5,290,585.48
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	27,871,527.93	5,654,189.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	19,648	50,344
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,418.54	112.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	988.34	116.97
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	988.34	112.31
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,783.57	188.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,005.19	183.40
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,005.19	183.40
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	988.34	112.31
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	132.43	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,120.77	112.31
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$130,441,799.00	40,823,533.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,638.94	810.89
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,095.21	866.62
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,120.77	\$112.31
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$284.09	\$25.18
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	836.68	87.13



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101419 - 2011/07

769.00 / 82.89

Boca Raton Community Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	86,275,081	137,723,906	2,023,496	1,527,738	Total Bed Days	134,685
2. Routine	51,488,912		1,160,265		Total Inpatient Days	73,209
3. Special Care	16,070,705		498,542		Total Newborn Days	4,863
4. Newborn Routine	1,173,251		103,742		Medicaid Inpatient Days	2,006
5. Intern-Resident	0		0		Medicaid Newborn IP Days	169
6. Home Health					Medicare Inpatient Days	48,405
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0	0	0	0	Medicaid Paid Claims	8,608
9. Total Cost	155,007,949	137,723,906	3,786,045	1,527,738	Property Rate Allowance	0.80
10. Charges	\$574,396,449	\$842,917,534	\$11,380,420	8,374,358	First Semester in effect:	2011/07
11. Fixed Costs	28,293,856.00		560,581.40		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)		
	1. Normalized Rate	1,563.57		187.12	984.29	177.82	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	806.78	103.60	Cost Report DRI Index	1.856	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,783.57	188.33	FPLI	1.0251	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,786,045.00	1,527,738.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 560,581.40	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,225,463.60	1,527,738.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,486,142.23	1,651,208.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,175	8,608
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,602.82	191.82
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	823.91	106.85
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	823.91	106.85
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,783.57	188.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,005.19	183.40
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,005.19	183.40
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	823.91	106.85
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	206.19	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,030.10	106.85
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$11,380,420.00	8,374,358.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,232.38	972.86
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,655.26	1,051.49
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,030.10	\$106.85
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$261.10	\$23.96
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	769.00	82.89



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101443 - 2011/07

2,034.03 / 93.00

Lakeside Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,481,923	9,836,876	2,679,671	2,092,808	Total Bed Days	25,550
2. Routine	8,949,767		2,118,995		Total Inpatient Days	11,095
3. Special Care	2,226,017		496,527		Total Newborn Days	1,094
4. Newborn Routine	761,741		132,295		Medicaid Inpatient Days	2,787
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,549
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-193,632	-93,280	-51,467	-19,846	Medicaid Paid Claims	23,823
9. Total Cost	20,225,816	9,743,596	5,376,021	2,072,963	Property Rate Allowance	1.00
10. Charges	\$67,822,498	\$53,898,308	\$17,370,175	9,885,752	First Semester in effect:	2011/07
11. Fixed Costs	4,355,183.00		1,115,415.87		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,593.81		90.72	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,783.57	188.33	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,376,020.70	2,072,962.50
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,115,415.87	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,260,604.83	2,072,962.50
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,553,422.10	2,215,430.35
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,787	23,823
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,633.81	93.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,633.81	93.00
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,633.81	93.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	400.22	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,034.03	93.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$17,370,175.00	9,885,752.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,232.57	414.97
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,660.91	443.49
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,034.03	\$93.00
AU	Medicaid Trend Adjustment IP% : 13.606 OP% : 11.321	\$276.74	\$10.53
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	276.74	10.53
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	2,034.03	93.00



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101460 - 2011/07

1,641.96 / 139.98

JFK Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2009-6/30/2010
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	131,575,718	65,995,719	11,913,923	3,166,113	Total Bed Days	163,520
2. Routine	79,252,900		8,670,573		Total Inpatient Days	115,201
3. Special Care	23,980,809		2,699,324		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	13,613
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	40,786
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	-3,822,009	-1,074,217	-378,992	-51,535	Medicaid Paid Claims	24,048
9. Total Cost	230,987,418	64,921,502	22,904,828	3,114,578	Property Rate Allowance	0.80
10. Charges	\$1,604,941,519	\$624,825,701	\$155,153,110	34,122,316	First Semester in effect:	2011/07
11. Fixed Costs	26,319,892.00		2,544,399.94		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,576.96	136.55	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,783.57	188.33	FPLI	1.0251
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	22,904,827.66	3,114,577.96
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,544,399.94	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	20,360,427.72	3,114,577.96
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	22,005,936.43	3,366,294.93
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	13,613	24,048
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,616.54	139.98
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,616.54	139.98
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,616.54	139.98
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	149.53	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,766.07	139.98
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$155,153,110.00	34,122,316.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,397.42	1,418.93
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,318.55	1,533.61
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,766.07	\$139.98
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$447.65	\$31.39
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	210.87	0.00
AW	Buy Back of Medicaid Trend Adjustment	447.65	31.39
AX	Buy Back of Exemption Tier Adjustment	86.76	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,641.96	139.98



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101460 - 2011/07

679.41 / 108.59

County Billing ONLY

JFK Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2009-6/30/2010
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	131,575,718	65,995,719	11,913,923	3,166,113	Total Bed Days	163,520
2. Routine	79,252,900		8,670,573		Total Inpatient Days	115,201
3. Special Care	23,980,809		2,699,324		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	13,613
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	40,786
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	-3,822,009	-1,074,217	-378,992	-51,535	Medicaid Paid Claims	24,048
9. Total Cost	230,987,418	64,921,502	22,904,828	3,114,578	Property Rate Allowance	0.80
10. Charges	\$1,604,941,519	\$624,825,701	\$155,153,110	34,122,316	First Semester in effect:	2011/07
11. Fixed Costs	26,319,892.00		2,544,399.94		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,576.96	136.55	984.29	177.82	177.82	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	744.76	141.14	141.14	Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90	183.72	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	1,783.57	188.33	188.33	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	22,904,827.66	3,114,577.96
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,544,399.94	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	20,360,427.72	3,114,577.96
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	22,005,936.43	3,366,294.93
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	13,613	24,048
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,616.54	139.98
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	760.57	145.57
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	760.57	139.98
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,783.57	188.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,005.19	183.40
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,005.19	183.40
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	760.57	139.98
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	149.53	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	910.10	139.98
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$155,153,110.00	34,122,316.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,397.42	1,418.93
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,318.55	1,533.61
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$910.10	\$139.98
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$230.69	\$31.39
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	679.41	108.59



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101486 - 2011/07

1,454.22 / 109.44

St. Mary's Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2009-5/31/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	84,404,540	46,711,782	26,532,313	6,792,457	Total Bed Days	168,995
2. Routine	59,546,513		18,130,064		Total Inpatient Days	103,410
3. Special Care	23,902,232		10,585,889		Total Newborn Days	7,511
4. Newborn Routine	1,025,691		701,782		Medicaid Inpatient Days	37,184
5. Intern-Resident	0		0		Medicaid Newborn IP Days	69
6. Home Health					Medicare Inpatient Days	13,715
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-2,569,782	-710,799	-851,375	-103,359	Medicaid Paid Claims	64,027
9. Total Cost	166,309,194	46,000,983	55,098,673	6,689,098	Property Rate Allowance	0.80
10. Charges	\$780,552,688	\$279,507,919	\$260,360,709	42,412,458	First Semester in effect:	2011/07
11. Fixed Costs	13,546,486.00		4,518,558.14		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,438.52	110.69	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,783.57	188.33	FPLI	1.0251
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	55,098,672.61	6,689,098.19
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 4,518,558.14	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	50,580,114.47	6,689,098.19
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	54,934,331.15	7,264,932.85
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	37,253	64,027
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,474.63	113.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,474.63	113.47
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,474.63	113.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	97.04	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,571.67	113.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$260,360,709.00	42,412,458.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,988.99	662.42
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,590.64	719.44
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,571.67	\$113.47
AU	Medicaid Trend Adjustment IP% : 24.186 OP% : 19.795	\$380.13	\$22.46
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	117.45	4.03
AW	Buy Back of Medicaid Trend Adjustment	380.13	22.46
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,454.22	109.44



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101486 - 2011/07

822.84 / 76.22

County Billing ONLY

St. Mary's Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2009-5/31/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	84,404,540	46,711,782	26,532,313	6,792,457	Total Bed Days	168,995
2. Routine	59,546,513		18,130,064		Total Inpatient Days	103,410
3. Special Care	23,902,232		10,585,889		Total Newborn Days	7,511
4. Newborn Routine	1,025,691		701,782		Medicaid Inpatient Days	37,184
5. Intern-Resident	0		0		Medicaid Newborn IP Days	69
6. Home Health					Medicare Inpatient Days	13,715
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-2,569,782	-710,799	-851,375	-103,359	Medicaid Paid Claims	64,027
9. Total Cost	166,309,194	46,000,983	55,098,673	6,689,098	Property Rate Allowance	0.80
10. Charges	\$780,552,688	\$279,507,919	\$260,360,709	42,412,458	First Semester in effect:	2011/07
11. Fixed Costs	13,546,486.00		4,518,558.14		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,438.52	110.69	984.29	177.82	177.82	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	1,040.64	95.26	95.26	Cost Report DRI Index	1.847
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90	183.72	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	1,783.57	188.33	188.33	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	55,098,672.61	6,689,098.19
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 4,518,558.14	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	50,580,114.47	6,689,098.19
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	54,934,331.15	7,264,932.85
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	37,253	64,027
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,474.63	113.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,062.73	98.25
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,062.73	98.25
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,783.57	188.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,005.19	183.40
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,005.19	183.40
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,005.19	98.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	97.04	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,102.23	98.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$260,360,709.00	42,412,458.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,988.99	662.42
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,590.64	719.44
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,102.23	\$98.25
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$279.39	\$22.03
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	822.84	76.22



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101494 - 2011/07

744.22 / 70.04

Florida Hospital Zephyrhills

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,574,450	33,095,591	2,997,528	2,029,462	Total Bed Days	56,210
2. Routine	25,512,064		1,579,809		Total Inpatient Days	36,599
3. Special Care	5,359,167		452,387		Total Newborn Days	1,552
4. Newborn Routine	636,323		436,240		Medicaid Inpatient Days	2,535
5. Intern-Resident	0		0		Medicaid Newborn IP Days	301
6. Home Health					Medicare Inpatient Days	17,589
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-1,212,465	-556,689	-91,941	-34,137	Medicaid Paid Claims	18,731
9. Total Cost	70,869,539	32,538,902	5,374,023	1,995,325	Property Rate Allowance	0.80
10. Charges	\$381,423,411	\$191,913,878	\$22,962,728	12,157,299	First Semester in effect:	2011/01
11. Fixed Costs	9,482,579.00		570,877.08		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,956.31		123.04	County Ceiling Base	821.44	160.90
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	818.49	87.53	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,673.09	176.67	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,374,023.01	1,995,325.16
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 570,877.08	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,803,145.93	1,995,325.16
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,335,055.78	2,216,291.40
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,836	18,731
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,881.19	118.32
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	835.87	90.28
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	835.87	90.28
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	1,673.09	176.67
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	838.88	165.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	838.88	165.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	835.87	90.28
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	161.04	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	996.91	90.28
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$22,962,728.00	12,157,299.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,096.87	649.05
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,993.53	720.93
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$996.91	\$90.28
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$252.69	\$20.24
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	744.22	70.04



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101508 - 2011/07

1,882.69 / 122.94

North Bay Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Pasco (51)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	20,560,018	16,844,756	1,263,203	1,153,930	Total Bed Days	44,530
2. Routine	17,515,428		700,126		Total Inpatient Days	26,136
3. Special Care	3,966,752		331,179		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,281
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,647
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-603,698	-241,880	-32,948	-16,570	Medicaid Paid Claims	10,275
9. Total Cost	41,438,500	16,602,876	2,261,560	1,137,360	Property Rate Allowance	0.80
10. Charges	\$162,720,497	\$94,430,372	\$8,878,507	6,485,899	First Semester in effect:	2011/01
11. Fixed Costs	5,915,132.00		322,746.93		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,748.26	127.86	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,673.09	176.67	FPLI	0.9616
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,261,560.37	1,137,360.32
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 322,746.93	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,938,813.44	1,137,360.32
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,153,521.46	1,263,313.84
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,281	10,275
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,681.13	122.95
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,681.13	122.95
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,681.13	122.95
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	201.56	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,882.69	122.95
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$8,878,507.00	6,485,899.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,930.92	631.23
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,698.46	701.13
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,882.69	\$122.95
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$477.21	\$27.57
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	477.21	27.56
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,882.69	122.94



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101508 - 2011/07

752.89 / 79.66

County Billing ONLY

North Bay Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	20,560,018	16,844,756	1,263,203	1,153,930	Total Bed Days	44,530
2. Routine	17,515,428		700,126		Total Inpatient Days	26,136
3. Special Care	3,966,752		331,179		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,281
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,647
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-603,698	-241,880	-32,948	-16,570	Medicaid Paid Claims	10,275
9. Total Cost	41,438,500	16,602,876	2,261,560	1,137,360	Property Rate Allowance	0.80
10. Charges	\$162,720,497	\$94,430,372	\$8,878,507	6,485,899	First Semester in effect:	2011/01
11. Fixed Costs	5,915,132.00		322,746.93		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,748.26	127.86	821.44	160.90	99.55	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	790.19	183.72	176.67	FPLI Year Used	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90			FPLI	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	1,673.09				0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,261,560.37	1,137,360.32
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 322,746.93	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,938,813.44	1,137,360.32
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,153,521.46	1,263,313.84
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,281	10,275
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,681.13	122.95
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	806.97	102.68
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	806.97	102.68
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	1,673.09	176.67
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	838.88	165.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	838.88	165.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	806.97	102.68
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	201.56	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,008.53	102.68
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$8,878,507.00	6,485,899.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,930.92	631.23
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,698.46	701.13
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,008.53	\$102.68
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$255.64	\$23.02
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	752.89	79.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101516 - 2011/07

2,765.67 / 211.12

All Children's Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Specialized: Children's

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	115,878,195	76,239,256	51,887,474	26,522,243	Total Bed Days	90,192
2. Routine	40,111,413		15,692,149		Total Inpatient Days	68,642
3. Special Care	55,718,455		33,464,684		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	36,415
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	250
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-2,700,670	-972,552	-1,288,979	-338,333	Medicaid Paid Claims	124,198
9. Total Cost	209,007,393	75,266,704	99,755,328	26,183,910	Property Rate Allowance	0.80
10. Charges	\$618,764,023	\$267,498,052	\$321,467,890	77,865,932	First Semester in effect:	2011/01
11. Fixed Costs	39,445,215.00		20,493,062.89		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,458.50	238.12	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,646.29	173.84	FPLI	0.9462
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	99,755,327.57	26,183,909.98
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 20,493,062.89	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	79,262,264.68	26,183,909.98
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	84,709,697.90	27,983,443.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	36,415	124,198
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,326.23	225.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,326.23	225.31
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,326.23	225.31
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	450.21	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,776.44	225.31
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$321,467,890.00	77,865,932.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,827.90	626.95
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,434.61	670.04
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,776.44	\$225.31
AU	Medicaid Trend Adjustment IP% : 10.562 OP% : 7.771	\$293.25	\$17.51
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 89\%)$	73.44	5.69
AW	Buy Back of Medicaid Trend Adjustment	285.99	9.01
AX	Buy Back of Exemption Tier Adjustment	69.92	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,765.67	211.12



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

101516 - 2011/07

1,787.76 / 154.38

County Billing ONLY

All Children's Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Specialized: Children's

Type of Action: Amended Cost Report [2]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	115,878,195	76,239,256	51,887,474	26,522,243	Total Bed Days	90,192
2. Routine	40,111,413		15,692,149		Total Inpatient Days	68,642
3. Special Care	55,718,455		33,464,684		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	36,415
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	250
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-2,700,670	-972,552	-1,288,979	-338,333	Medicaid Paid Claims	124,198
9. Total Cost	209,007,393	75,266,704	99,755,328	26,183,910	Property Rate Allowance	0.80
10. Charges	\$618,764,023	\$267,498,052	\$321,467,890	77,865,932	First Semester in effect:	2011/01
11. Fixed Costs	39,445,215.00		20,493,062.89		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt			Semester DRI Index
1. Normalized Rate	2,458.50	238.12	Variable Cost Base	1,546.92	187.78	Cost Report DRI Index	1.877
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,646.29	173.84	FPLI	0.9462
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	99,755,327.57	26,183,909.98
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 20,493,062.89	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	79,262,264.68	26,183,909.98
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	84,709,697.90	27,983,443.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	36,415	124,198
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,326.23	225.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,579.76	193.68
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,579.76	193.68
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	Exempt	173.84
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	169.18
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	169.18
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,579.76	169.18
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	450.21	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,029.97	169.18
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$321,467,890.00	77,865,932.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,827.90	626.95
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,434.61	670.04
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,029.97	\$169.18
AU	Medicaid Trend Adjustment IP% : 11.932 OP% : 8.750	\$242.21	\$14.80
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,787.76	154.38



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101524 - 2011/07

1,918.28 / 114.30

Good Samaritan Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2009-5/31/2010

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	41,937,421	29,676,917	3,446,104	1,752,596	Total Bed Days	121,545
2. Routine	27,215,849		2,021,559		Total Inpatient Days	36,973
3. Special Care	6,504,554		899,994		Total Newborn Days	1,291
4. Newborn Routine	286,043		123,414		Medicaid Inpatient Days	3,174
5. Intern-Resident	0		0		Medicaid Newborn IP Days	4
6. Home Health					Medicare Inpatient Days	16,783
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-1,066,791	-416,875	-91,181	-24,619	Medicaid Paid Claims	16,420
9. Total Cost	74,877,076	29,260,042	6,399,890	1,727,977	Property Rate Allowance	0.80
10. Charges	\$334,837,942	\$193,505,612	\$25,080,329	11,070,990	First Semester in effect:	2011/07
11. Fixed Costs	10,869,155.00		814,131.10		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,862.20	111.50	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,783.57	188.33	FPLI	1.0251
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,399,890.26	1,727,977.10
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 814,131.10	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,585,759.16	1,727,977.10
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,066,612.27	1,876,730.95
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,178	16,420
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,908.94	114.30
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,908.94	114.30
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL) * Partial Exemption: IP% : 80.37 OP% : 80.37	1,713.34	114.30
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	204.94	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,918.28	114.30
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$25,080,329.00	11,070,990.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,891.86	674.24
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,571.24	732.28
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,918.28	\$114.30
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$486.23	\$25.63
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	486.22	25.63
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,918.28	114.30



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101524 - 2011/07

834.17 / 88.67

County Billing ONLY

Good Samaritan Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2009-5/31/2010

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	41,937,421	29,676,917	3,446,104	1,752,596	Total Bed Days	121,545
2. Routine	27,215,849		2,021,559		Total Inpatient Days	36,973
3. Special Care	6,504,554		899,994		Total Newborn Days	1,291
4. Newborn Routine	286,043		123,414		Medicaid Inpatient Days	3,174
5. Intern-Resident	0		0		Medicaid Newborn IP Days	4
6. Home Health					Medicare Inpatient Days	16,783
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-1,066,791	-416,875	-91,181	-24,619	Medicaid Paid Claims	16,420
9. Total Cost	74,877,076	29,260,042	6,399,890	1,727,977	Property Rate Allowance	0.80
10. Charges	\$334,837,942	\$193,505,612	\$25,080,329	11,070,990	First Semester in effect:	2011/07
11. Fixed Costs	10,869,155.00		814,131.10		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)		
	1. Normalized Rate	1,862.20		111.50	984.29	177.82	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	893.49	114.19	Cost Report DRI Index	1.847	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,783.57	188.33	FPLI	1.0251	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,399,890.26	1,727,977.10
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 814,131.10	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,585,759.16	1,727,977.10
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,066,612.27	1,876,730.95
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,178	16,420
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,908.94	114.30
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	912.46	117.78
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	912.46	114.30
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,783.57	188.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,005.19	183.40
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,005.19	183.40
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	912.46	114.30
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	204.94	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,117.40	114.30
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$25,080,329.00	11,070,990.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,891.86	674.24
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,571.24	732.28
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,117.40	\$114.30
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$283.23	\$25.63
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	834.17	88.67



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101541 - 2011/07

1,613.09 / 111.74

Mease Hospital Clinic

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	30,601,828	24,157,290	1,272,387	734,303	Total Bed Days	45,990
2. Routine	16,978,713		699,986		Total Inpatient Days	28,762
3. Special Care	6,746,894		474,316		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,455
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,446
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-881,688	-392,052	-39,708	-11,917	Medicaid Paid Claims	7,181
9. Total Cost	53,445,747	23,765,238	2,406,981	722,386	Property Rate Allowance	0.80
10. Charges	\$203,120,210	\$124,393,982	\$8,925,415	4,453,926	First Semester in effect:	2011/01
11. Fixed Costs	7,224,058.00		317,436.24		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,685.85		118.09	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,646.29	173.84	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,406,981.33	722,385.89
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 317,436.24	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,089,545.09	722,385.89
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,320,945.43	802,384.33
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,455	7,181
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,595.15	111.74
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,595.15	111.74
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,595.15	111.74
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	174.54	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,769.69	111.74
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$8,925,415.00	4,453,926.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,134.31	620.24
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,813.64	688.93
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,769.69	\$111.74
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$448.57	\$25.06
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	291.97	25.06
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,613.09	111.74



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

101541 - 2011/07

821.22 / 85.61

County Billing ONLY

Mease Hospital Clinic

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	30,601,828	24,157,290	1,272,387	734,303	Total Bed Days
2. Routine	16,978,713		699,986		Total Inpatient Days
3. Special Care	6,746,894		474,316		Total Newborn Days
4. Newborn Routine	0		0		Medicaid Inpatient Days
5. Intern-Resident	0		0		Medicaid Newborn IP Days
6. Home Health					Medicare Inpatient Days
7. Malpractice					Prospective Inflation factor
8. Adjustments	-881,688	-392,052	-39,708	-11,917	Medicaid Paid Claims
9. Total Cost	53,445,747	23,765,238	2,406,981	722,386	Property Rate Allowance
10. Charges	\$203,120,210	\$124,393,982	\$8,925,415	4,453,926	First Semester in effect:
11. Fixed Costs	7,224,058.00		317,436.24		Last Rate Semester in Effect:

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,685.85		118.09	906.27	164.03	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	948.65	107.00	Cost Report DRI Index	1.806	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90	183.72	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	1,646.29	173.84	FPLI	0.9462	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,406,981.33	722,385.89
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 317,436.24	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,089,545.09	722,385.89
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,320,945.43	802,384.33
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,455	7,181
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,595.15	111.74
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	968.79	110.36
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	968.79	110.36
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,646.29	173.84
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	925.51	169.18
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	925.51	169.18
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	925.51	110.36
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	174.54	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,100.05	110.36
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$8,925,415.00	4,453,926.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,134.31	620.24
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,813.64	688.93
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,100.05	\$110.36
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$278.83	\$24.75
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	821.22	85.61



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101567 - 2011/07

1,756.52 / 90.06

Bayfront Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	95,970,619	49,543,732	14,792,389	3,123,855	Total Bed Days	139,430
2. Routine	48,066,526		7,988,770		Total Inpatient Days	91,184
3. Special Care	28,912,139		2,720,939		Total Newborn Days	7,928
4. Newborn Routine	3,640,862		2,252,122		Medicaid Inpatient Days	15,631
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,126
6. Home Health					Medicare Inpatient Days	26,799
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-2,538,531	-712,205	-398,974	-44,906	Medicaid Paid Claims	37,972
9. Total Cost	174,051,615	48,831,527	27,355,246	3,078,949	Property Rate Allowance	0.80
10. Charges	\$813,763,349	\$286,353,704	\$126,431,125	21,677,121	First Semester in effect:	2011/01
11. Fixed Costs	19,690,237.00		3,059,192.60		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,702.04	95.18	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,646.29	173.84	FPLI	0.9462
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	27,355,245.54	3,078,948.73
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,059,192.60	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	24,296,052.94	3,078,948.73
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	26,986,645.74	3,419,917.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	16,757	37,972
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,610.47	90.06
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,610.47	90.06
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,610.47	90.06
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	146.05	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,756.52	90.06
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$126,431,125.00	21,677,121.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,544.97	570.87
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,380.51	634.09
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,756.52	\$90.06
AU	Medicaid Trend Adjustment IP% : 24.186 OP% : 21.591	\$424.83	\$19.45
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	172.33	1.30
AW	Buy Back of Medicaid Trend Adjustment	424.83	19.45
AX	Buy Back of Exemption Tier Adjustment	172.33	1.30
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,756.52	90.06



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

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For Rate Semester July 1,2011 through June 30, 2012

101567 - 2011/07

797.08 / 65.96

County Billing ONLY

Bayfront Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	95,970,619	49,543,732	14,792,389	3,123,855	Total Bed Days	139,430
2. Routine	48,066,526		7,988,770		Total Inpatient Days	91,184
3. Special Care	28,912,139		2,720,939		Total Newborn Days	7,928
4. Newborn Routine	3,640,862		2,252,122		Medicaid Inpatient Days	15,631
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,126
6. Home Health					Medicare Inpatient Days	26,799
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-2,538,531	-712,205	-398,974	-44,906	Medicaid Paid Claims	37,972
9. Total Cost	174,051,615	48,831,527	27,355,246	3,078,949	Property Rate Allowance	0.80
10. Charges	\$813,763,349	\$286,353,704	\$126,431,125	21,677,121	First Semester in effect:	2011/01
11. Fixed Costs	19,690,237.00		3,059,192.60		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,702.04	95.18	906.27	164.03	2,006.0	Cost Report DRI Index	1.806
2. Base Rate Semester	2011/01	2011/01	902.51	82.44	2008	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90	173.84	0.9462	FPLI	0.9462
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	1,646.29				

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	27,355,245.54	3,078,948.73
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,059,192.60	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	24,296,052.94	3,078,948.73
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	26,986,645.74	3,419,917.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	16,757	37,972
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,610.47	90.06
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	921.67	85.03
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	921.67	85.03
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,646.29	173.84
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	925.51	169.18
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	925.51	169.18
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	921.67	85.03
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	146.05	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,067.72	85.03
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$126,431,125.00	21,677,121.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,544.97	570.87
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,380.51	634.09
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,067.72	\$85.03
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$270.64	\$19.07
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	797.08	65.96



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101583 - 2011/07

2,164.55 / 178.69

Morton F. Plant Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	122,055,224	117,898,272	6,947,058	4,111,986	Total Bed Days	192,720
2. Routine	84,100,104		3,629,438		Total Inpatient Days	111,100
3. Special Care	16,564,013		919,080		Total Newborn Days	6,332
4. Newborn Routine	2,609,273		1,102,726		Medicaid Inpatient Days	5,658
5. Intern-Resident	0		0		Medicaid Newborn IP Days	53
6. Home Health					Medicare Inpatient Days	44,873
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-3,208,972	-1,679,024	-179,416	-58,560	Medicaid Paid Claims	25,196
9. Total Cost	222,119,642	116,219,248	12,418,886	4,053,426	Property Rate Allowance	0.80
10. Charges	\$814,584,122	\$656,707,570	\$46,473,485	21,134,899	First Semester in effect:	2010/07
11. Fixed Costs	35,292,344.00		2,013,491.52		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,138.83	188.85	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,646.29	173.84	FPLI	0.9462
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	12,418,885.84	4,053,425.99
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,013,491.52	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	10,405,394.32	4,053,425.99
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	11,557,708.20	4,502,310.37
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,711	25,196
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,023.76	178.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,023.76	178.69
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,023.76	178.69
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	282.05	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,305.81	178.69
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$46,473,485.00	21,134,899.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,137.54	838.82
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,038.71	931.71
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,305.81	\$178.69
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$584.46	\$40.07
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	371.99	17.40
AW	Buy Back of Medicaid Trend Adjustment	443.21	40.07
AX	Buy Back of Exemption Tier Adjustment	371.99	17.40
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,164.55	178.69



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101583 - 2011/07

594.09 / 85.90

County Billing ONLY

Morton F. Plant Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	122,055,224	117,898,272	6,947,058	4,111,986	Total Bed Days	192,720
2. Routine	84,100,104		3,629,438		Total Inpatient Days	111,100
3. Special Care	16,564,013		919,080		Total Newborn Days	6,332
4. Newborn Routine	2,609,273		1,102,726		Medicaid Inpatient Days	5,658
5. Intern-Resident	0		0		Medicaid Newborn IP Days	53
6. Home Health					Medicare Inpatient Days	44,873
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-3,208,972	-1,679,024	-179,416	-58,560	Medicaid Paid Claims	25,196
9. Total Cost	222,119,642	116,219,248	12,418,886	4,053,426	Property Rate Allowance	0.80
10. Charges	\$814,584,122	\$656,707,570	\$46,473,485	21,134,899	First Semester in effect:	2010/07
11. Fixed Costs	35,292,344.00		2,013,491.52		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	2,138.83	188.85		906.27	164.03	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	503.08	107.36	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI	0.9462
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,646.29	173.84		

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	12,418,885.84	4,053,425.99
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,013,491.52	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	10,405,394.32	4,053,425.99
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	11,557,708.20	4,502,310.37
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,711	25,196
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,023.76	178.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	513.76	110.73
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	513.76	110.73
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,646.29	173.84
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	925.51	169.18
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	925.51	169.18
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	513.76	110.73
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	282.05	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	795.81	110.73
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$46,473,485.00	21,134,899.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,137.54	838.82
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,038.71	931.71
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$795.81	\$110.73
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$201.72	\$24.83
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	594.09	85.90



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101613 - 2011/07

786.19 / 94.98

Helen Ellis Memorial Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-8/31/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	20,253,961	20,092,366	1,254,746	1,715,628	Total Bed Days	50,250
2. Routine	12,028,673		695,277		Total Inpatient Days	17,412
3. Special Care	2,092,458		92,650		Total Newborn Days	941
4. Newborn Routine	399,074		238,344		Medicaid Inpatient Days	1,075
5. Intern-Resident	0		0		Medicaid Newborn IP Days	3
6. Home Health					Medicare Inpatient Days	7,571
7. Malpractice					Prospective Inflation factor	1.0710090763
8. Adjustments	-394,756	-228,088	-25,894	-19,476	Medicaid Paid Claims	11,580
9. Total Cost	34,379,410	19,864,278	2,255,123	1,696,152	Property Rate Allowance	0.80
10. Charges	\$137,964,935	\$104,371,941	\$6,119,405	8,402,651	First Semester in effect:	2011/07
11. Fixed Costs	3,877,071.00		171,966.65		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,187.33		165.79	County Ceiling Base	906.27	164.03
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,194.27	118.70	Cost Report DRI Index	1.873
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,646.29	173.84	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,255,122.93	1,696,152.22
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 171,966.65	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,083,156.28	1,696,152.22
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,231,079.28	1,816,594.42
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,078	11,580
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,069.65	156.87
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,219.63	122.43
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,219.63	122.43
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,646.29	173.84
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	925.51	169.18
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	925.51	169.18
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	925.51	122.43
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	127.62	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,053.13	122.43
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$6,119,405.00	8,402,651.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,676.63	725.62
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,079.72	777.15
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,053.13	\$122.43
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$266.94	\$27.45
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	786.19	94.98



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101648 - 2011/07

1,521.55 / 141.76

Lakeland Regional Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Polk (53)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	170,072,217	142,283,004	16,894,062	11,124,697	Total Bed Days	310,615
2. Routine	123,430,788		11,484,190		Total Inpatient Days	184,708
3. Special Care	31,874,476		4,698,830		Total Newborn Days	6,752
4. Newborn Routine	1,300,034		573,769		Medicaid Inpatient Days	20,095
5. Intern-Resident	0		0		Medicaid Newborn IP Days	107
6. Home Health					Medicare Inpatient Days	71,580
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-5,251,661	-2,287,339	-540,970	-178,840	Medicaid Paid Claims	76,189
9. Total Cost	321,425,854	139,995,665	33,109,881	10,945,857	Property Rate Allowance	0.80
10. Charges	\$1,428,612,562	\$770,791,363	\$127,703,978	58,676,448	First Semester in effect:	2011/07
11. Fixed Costs	35,889,471.00		3,208,167.38		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,677.83	162.86	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,640.38	173.21	FPLI	0.9428
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	33,109,880.59	10,945,856.59
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,208,167.38	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	29,901,713.21	10,945,856.59
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	31,956,759.03	11,698,129.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	20,202	76,189
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,581.86	153.54
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,581.86	153.54
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,581.86	153.54
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	127.04	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,708.90	153.54
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$127,703,978.00	58,676,448.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,321.35	770.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,755.80	823.07
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,708.90	\$153.54
AU	Medicaid Trend Adjustment IP% : 24.186 OP% : 21.591	\$413.32	\$33.15
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	187.35	11.78
AW	Buy Back of Medicaid Trend Adjustment	413.32	33.15
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,521.55	141.76



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101648 - 2011/07

716.70 / 83.78

County Billing ONLY

Lakeland Regional Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Polk (53)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	170,072,217	142,283,004	16,894,062	11,124,697	Total Bed Days	310,615
2. Routine	123,430,788		11,484,190		Total Inpatient Days	184,708
3. Special Care	31,874,476		4,698,830		Total Newborn Days	6,752
4. Newborn Routine	1,300,034		573,769		Medicaid Inpatient Days	20,095
5. Intern-Resident	0		0		Medicaid Newborn IP Days	107
6. Home Health					Medicare Inpatient Days	71,580
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-5,251,661	-2,287,339	-540,970	-178,840	Medicaid Paid Claims	76,189
9. Total Cost	321,425,854	139,995,665	33,109,881	10,945,857	Property Rate Allowance	0.80
10. Charges	\$1,428,612,562	\$770,791,363	\$127,703,978	58,676,448	First Semester in effect:	2011/07
11. Fixed Costs	35,889,471.00		3,208,167.38		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,677.83		162.86	County Ceiling Base	855.16	162.83
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	815.69	104.71	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,640.38	173.21	FPLI	0.9428

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	33,109,880.59	10,945,856.59
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,208,167.38	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	29,901,713.21	10,945,856.59
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	31,956,759.03	11,698,129.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	20,202	76,189
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,581.86	153.54
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	833.01	108.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	833.01	108.00
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	1,640.38	173.21
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	873.32	167.94
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	873.32	167.94
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	833.01	108.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	127.04	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	960.05	108.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$127,703,978.00	58,676,448.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,321.35	770.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,755.80	823.07
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$960.05	\$108.00
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$243.35	\$24.22
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	716.70	83.78



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101664 - 2011/07

1,549.71 / 74.99

Lake Wales Hospital Association

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: Special-IP

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Polk (53)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	14,901,397	14,442,646	1,163,764	1,073,148	Total Bed Days	46,355
2. Routine	12,419,258		756,575		Total Inpatient Days	21,348
3. Special Care	2,892,107		114,413		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,361
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,321
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-552,544	-264,134	-37,212	-19,626	Medicaid Paid Claims	12,615
9. Total Cost	29,660,218	14,178,512	1,997,540	1,053,522	Property Rate Allowance	0.80
10. Charges	\$202,385,196	\$121,735,871	\$14,098,720	9,277,726	First Semester in effect:	2011/01
11. Fixed Costs	5,063,372.00		352,728.69		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,423.81		98.39	Exempt	162.83	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	72.71	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,640.38	173.21	FPLI	0.9428

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,997,539.55	1,053,521.79
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 352,728.69	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,644,810.86	1,053,521.79
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,826,960.46	1,170,190.87
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,361	12,615
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,342.37	92.76
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	74.99
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,342.37	74.99
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	Exempt	173.21
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	167.94
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	167.94
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,342.37	74.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	207.34	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,549.71	74.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$14,098,720.00	9,277,726.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,359.09	735.45
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,506.28	816.90
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,549.71	\$74.99
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$392.81	\$16.82
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	392.81	16.82
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,549.71	74.99



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101664 - 2011/07

734.27 / 58.17

Target History - Internal Information Only

Lake Wales Hospital Association

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: Special-IP

Type of Action: Unaudited Cost Report [1]

County: Polk (53)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	14,901,397	14,442,646	1,163,764	1,073,148	Total Bed Days 46,355
2. Routine	12,419,258		756,575		Total Inpatient Days 21,348
3. Special Care	2,892,107		114,413		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 1,361
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 10,321
7. Malpractice					Prospective Inflation factor 1.1107419712
8. Adjustments	-552,544	-264,134	-37,212	-19,626	Medicaid Paid Claims 12,615
9. Total Cost	29,660,218	14,178,512	1,997,540	1,053,522	Property Rate Allowance 0.80
10. Charges	\$202,385,196	\$121,735,871	\$14,098,720	9,277,726	First Semester in effect: 2011/01
11. Fixed Costs	5,063,372.00		352,728.69		Last Rate Semester in Effect: 2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,423.81		98.39	County Ceiling Base	855.16	162.83
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	760.10	72.71	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,640.38	173.21	FPLI	0.9428

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,997,539.55	1,053,521.79
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 352,728.69	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,644,810.86	1,053,521.79
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,826,960.46	1,170,190.87
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,361	12,615
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,342.37	92.76
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	776.24	74.99
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	776.24	74.99
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	1,640.38	173.21
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	873.32	167.94
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	873.32	167.94
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	776.24	74.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	207.34	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	983.58	74.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$14,098,720.00	9,277,726.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,359.09	735.45
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,506.28	816.90
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$983.58	\$74.99
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$249.31	\$16.82
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	734.27	58.17



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101699 - 2011/07

1,530.80 / 107.99

Winter Haven Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Polk (53)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	67,198,518	74,327,803	5,942,007	3,381,258	Total Bed Days	192,355
2. Routine	49,918,077		3,738,709		Total Inpatient Days	73,292
3. Special Care	13,785,549		1,467,821		Total Newborn Days	4,602
4. Newborn Routine	1,929,301		1,270,267		Medicaid Inpatient Days	6,219
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,078
6. Home Health					Medicare Inpatient Days	33,103
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	0	0	0	0	Medicaid Paid Claims	30,773
9. Total Cost	132,831,445	74,327,803	12,418,804	3,381,258	Property Rate Allowance	0.80
10. Charges	\$570,261,759	\$461,140,779	\$49,545,870	22,088,472	First Semester in effect:	2011/07
11. Fixed Costs	13,717,406.00		1,191,805.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,744.08	124.55	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,640.38	173.21	FPLI	0.9428
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	12,418,804.00	3,381,258.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,191,805.00	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	11,226,999.00	3,381,258.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	11,998,593.50	3,613,640.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	7,297	30,773
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,644.32	117.43
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,644.32	117.43
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,644.32	117.43
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	130.66	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,774.98	117.43
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$49,545,870.00	22,088,472.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,789.90	717.79
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,256.55	767.12
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,774.98	\$117.43
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$449.91	\$26.33
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	244.18	9.44
AW	Buy Back of Medicaid Trend Adjustment	449.91	26.33
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,530.80	107.99



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101699 - 2011/07

585.13 / 62.50

County Billing ONLY

Winter Haven Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Polk (53)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	67,198,518	74,327,803	5,942,007	3,381,258	Total Bed Days	192,355
2. Routine	49,918,077		3,738,709		Total Inpatient Days	73,292
3. Special Care	13,785,549		1,467,821		Total Newborn Days	4,602
4. Newborn Routine	1,929,301		1,270,267		Medicaid Inpatient Days	6,219
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,078
6. Home Health					Medicare Inpatient Days	33,103
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	0	0	0	0	Medicaid Paid Claims	30,773
9. Total Cost	132,831,445	74,327,803	12,418,804	3,381,258	Property Rate Allowance	0.80
10. Charges	\$570,261,759	\$461,140,779	\$49,545,870	22,088,472	First Semester in effect:	2011/07
11. Fixed Costs	13,717,406.00		1,191,805.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,744.08		124.55	855.16	162.83	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	639.56	78.12	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,640.38	173.21	FPLI	0.9428

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	12,418,804.00	3,381,258.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,191,805.00	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	11,226,999.00	3,381,258.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	11,998,593.50	3,613,640.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	7,297	30,773
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,644.32	117.43
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	653.14	80.57
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	653.14	80.57
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	1,640.38	173.21
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	873.32	167.94
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	873.32	167.94
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	653.14	80.57
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	130.66	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	783.80	80.57
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$49,545,870.00	22,088,472.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,789.90	717.79
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,256.55	767.12
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$783.80	\$80.57
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$198.67	\$18.07
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	585.13	62.50



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101702 - 2011/07

382.46 / 15.15

West Gables Rehabilitation

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,033,969	777,149	140,747	0	Total Bed Days	21,900
2. Routine	8,973,251		218,761		Total Inpatient Days	16,734
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	406
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,049
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-280,775	-14,540	-6,726	0	Medicaid Paid Claims	474
9. Total Cost	14,726,445	762,609	352,782	0	Property Rate Allowance	0.80
10. Charges	\$25,732,416	\$3,312,853	\$645,032	0	First Semester in effect:	2011/01
11. Fixed Costs	1,254,995.00		31,458.84		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	729.71		0.00	County Ceiling Base	981.34	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	440.97	NA	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	2,096.06	221.33	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	352,781.85	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 31,458.84	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	321,323.01	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	356,906.95	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	406	474
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	879.08	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	450.33	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	450.33	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,096.06	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,002.18	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,002.18	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	450.33	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	61.99	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	512.32	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$645,032.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,588.75	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,764.69	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$512.32	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$129.86	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	382.46	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101711 - 2011/07

1,041.00 / 57.71

Flagler Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: St Johns (55)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	57,900,565	42,596,609	4,009,880	4,430,108	Total Bed Days	110,230
2. Routine	47,931,428		3,348,523		Total Inpatient Days	65,715
3. Special Care	12,334,206		875,328		Total Newborn Days	2,412
4. Newborn Routine	1,043,425		558,487		Medicaid Inpatient Days	5,822
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	37,435
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-1,486,194	-531,054	-109,613	-55,230	Medicaid Paid Claims	48,813
9. Total Cost	117,723,430	42,065,555	8,682,605	4,374,878	Property Rate Allowance	0.80
10. Charges	\$487,078,488	\$256,053,036	\$34,996,901	25,893,628	First Semester in effect:	2011/07
11. Fixed Costs	13,332,067.00		957,917.54		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,506.11		101.73	890.46	164.50	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	908.38	63.45	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,638.12	172.97	FPLI	0.9415

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,682,604.89	4,374,877.58
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 957,917.54	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,724,687.35	4,374,877.58
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,255,579.55	4,675,548.44
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,822	48,813
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,418.00	95.78
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	927.67	65.44
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	927.67	65.44
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9415) for St Johns county	1,638.12	172.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	909.37	169.66
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	909.37	169.66
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	909.37	65.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	131.63	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,041.00	65.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$34,996,901.00	25,893,628.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,011.15	530.47
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,424.28	566.93
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,041.00	\$65.44
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$263.87	\$14.67
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	263.87	6.94
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,041.00	57.71



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101737 - 2011/07

1,109.78 / 62.64

Jay Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Santa Rosa (57)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,127,388	4,533,964	207,345	701,064	Total Bed Days	20,075
2. Routine	3,861,824		343,875		Total Inpatient Days	5,357
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	489
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	3,316
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-64,002	-48,451	-5,890	-7,492	Medicaid Paid Claims	10,861
9. Total Cost	5,925,210	4,485,513	545,330	693,572	Property Rate Allowance	1.00
10. Charges	\$19,566,966	\$28,448,932	\$1,733,556	4,558,109	First Semester in effect:	2011/07
11. Fixed Costs	736,993.00		65,294.67		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,102.95		71.75	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,654.99	174.75	FPLI	0.9512

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	545,329.54	693,572.27
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 65,294.67	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	480,034.87	693,572.27
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	513,026.08	741,239.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	489	10,861
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,049.13	68.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,049.13	68.25
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9512) for Santa Rosa county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,049.13	68.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	133.53	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,182.66	68.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,733,556.00	4,558,109.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,545.10	419.68
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,788.74	448.52
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,182.66	\$68.25
AU	Medicaid Trend Adjustment IP% : 14.655 OP% : 11.321	\$173.31	\$7.73
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	100.43	2.12
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,109.78	62.64



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101745 - 2011/07

1,819.23 / 86.27

Santa Rosa Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2009-5/31/2010
 Hospital Classification: Self Exempt

Type of Action: Amended Cost Report [2]
 : Rate Includes Buy Back

County: Santa Rosa (57)
 District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,167,712	16,845,124	1,938,626	2,468,348	Total Bed Days	47,805
2. Routine	8,014,921		1,180,531		Total Inpatient Days	13,460
3. Special Care	2,362,389		339,221		Total Newborn Days	596
4. Newborn Routine	542,243		329,348		Medicaid Inpatient Days	2,102
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,037
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-298,844	-238,725	-53,679	-34,981	Medicaid Paid Claims	30,634
9. Total Cost	20,788,421	16,606,399	3,734,047	2,433,367	Property Rate Allowance	0.80
10. Charges	\$89,692,762	\$119,618,879	\$14,022,625	18,900,972	First Semester in effect:	2011/07
11. Fixed Costs	5,175,355.00		809,118.38		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,588.82	90.70	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,654.99	174.75	FPLI	0.9512
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,734,047.23	2,433,367.15
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 809,118.38	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,924,928.85	2,433,367.15
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,176,722.94	2,642,844.89
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,102	30,634
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,511.29	86.27
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,511.29	86.27
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9512) for Santa Rosa county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,511.29	86.27
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	307.94	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,819.23	86.27
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$14,022,625.00	18,900,972.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,671.09	616.99
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,245.37	670.10
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,819.23	\$86.27
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$461.13	\$19.34
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	461.13	19.34
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,819.23	86.27



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

101745 - 2011/07

899.96 / 66.93

County Billing ONLY

Santa Rosa Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2009-5/31/2010
 Hospital Classification: Self Exempt

Type of Action: Amended Cost Report [2]

County: Santa Rosa (57)
 District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,167,712	16,845,124	1,938,626	2,468,348	Total Bed Days	47,805
2. Routine	8,014,921		1,180,531		Total Inpatient Days	13,460
3. Special Care	2,362,389		339,221		Total Newborn Days	596
4. Newborn Routine	542,243		329,348		Medicaid Inpatient Days	2,102
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,037
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-298,844	-238,725	-53,679	-34,981	Medicaid Paid Claims	30,634
9. Total Cost	20,788,421	16,606,399	3,734,047	2,433,367	Property Rate Allowance	0.80
10. Charges	\$89,692,762	\$119,618,879	\$14,022,625	18,900,972	First Semester in effect:	2011/07
11. Fixed Costs	5,175,355.00		809,118.38		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,588.82	90.70	Variable Cost Base	878.93	88.14	Cost Report DRI Index	1.847
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,654.99	174.75	FPLI	0.9512
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,734,047.23	2,433,367.15
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 809,118.38	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,924,928.85	2,433,367.15
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,176,722.94	2,642,844.89
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,102	30,634
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,511.29	86.27
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	897.59	90.91
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	897.59	86.27
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9512) for Santa Rosa county	1,654.99	174.75
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	9999	0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,654.99	174.75
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	897.59	86.27
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	307.94	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,205.53	86.27
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$14,022,625.00	18,900,972.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,671.09	616.99
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,245.37	670.10
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,205.53	\$86.27
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$305.57	\$19.34
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	899.96	66.93



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101753 - 2011/07

432.46 / 44.24

HealthSouth Rehabilitation Hospital-Largo

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,313,656	692,579	359,309	114,288	Total Bed Days	25,550
2. Routine	9,133,585		396,064		Total Inpatient Days	19,832
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	860
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,165
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-297,791	-11,821	-12,893	-1,951	Medicaid Paid Claims	1,553
9. Total Cost	17,149,450	680,758	742,480	112,337	Property Rate Allowance	0.80
10. Charges	\$26,952,158	\$2,245,437	\$1,199,697	238,933	First Semester in effect:	2011/01
11. Fixed Costs	1,324,820.00		58,970.51		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	932.98		84.92	County Ceiling Base	906.27	164.03
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	513.53	55.29	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,646.29	173.84	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	742,480.23	112,337.32
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 58,970.51	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	683,509.72	112,337.32
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	759,202.93	124,777.78
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	860	1,553
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	882.79	80.35
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	524.43	57.03
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	524.43	57.03
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,646.29	173.84
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	925.51	169.18
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	925.51	169.18
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	524.43	57.03
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	54.86	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	579.29	57.03
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,199,697.00	238,933.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,395.00	153.85
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,549.49	170.89
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$579.29	\$57.03
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$146.83	\$12.79
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	432.46	44.24



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101761 - 2011/07

1,810.49 / 124.26

Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Self Exempt

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Sarasota (58)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	126,569,714	137,448,673	10,947,114	5,636,496	Total Bed Days	286,890
2. Routine	85,146,196		6,869,224		Total Inpatient Days	114,228
3. Special Care	21,393,362		449,240		Total Newborn Days	10,909
4. Newborn Routine	6,177,932		2,283,402		Medicaid Inpatient Days	9,089
5. Intern-Resident	0		0		Medicaid Newborn IP Days	2,205
6. Home Health					Medicare Inpatient Days	64,822
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-3,120,920	-1,792,684	-268,012	-73,514	Medicaid Paid Claims	47,844
9. Total Cost	236,166,284	135,655,989	20,280,968	5,562,982	Property Rate Allowance	0.80
10. Charges	\$856,690,629	\$738,145,263	\$134,023,196	32,246,168	First Semester in effect:	2011/07
11. Fixed Costs	29,190,664.00		4,566,673.14		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,511.80	126.33	Exempt	Exempt	Exempt	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,711.37	180.71	FPLI	0.9836

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	20,280,968.49	5,562,981.61
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 4,566,673.14	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	15,714,295.35	5,562,981.61
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	16,794,286.88	5,945,306.93
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	11,294	47,844
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,487.01	124.26
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,487.01	124.26
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,487.01	124.26
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	323.48	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,810.49	124.26
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$134,023,196.00	32,246,168.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,866.76	673.99
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,682.32	720.31
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,810.49	\$124.26
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$458.91	\$27.86
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	458.91	27.86
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,810.49	124.26



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

101761 - 2011/07

809.12 / 92.49

County Billing ONLY

Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Self Exempt

Type of Action: Amended Cost Report [2]

County: Sarasota (58)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	126,569,714	137,448,673	10,947,114	5,636,496	Total Bed Days	286,890
2. Routine	85,146,196		6,869,224		Total Inpatient Days	114,228
3. Special Care	21,393,362		449,240		Total Newborn Days	10,909
4. Newborn Routine	6,177,932		2,283,402		Medicaid Inpatient Days	9,089
5. Intern-Resident	0		0		Medicaid Newborn IP Days	2,205
6. Home Health					Medicare Inpatient Days	64,822
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-3,120,920	-1,792,684	-268,012	-73,514	Medicaid Paid Claims	47,844
9. Total Cost	236,166,284	135,655,989	20,280,968	5,562,982	Property Rate Allowance	0.80
10. Charges	\$856,690,629	\$738,145,263	\$134,023,196	32,246,168	First Semester in effect:	2011/07
11. Fixed Costs	29,190,664.00		4,566,673.14		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,511.80		126.33	920.12	167.70	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	744.56	115.59	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,711.37	180.71	FPLI	0.9836

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	20,280,968.49	5,562,981.61
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 4,566,673.14	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	15,714,295.35	5,562,981.61
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	16,794,286.88	5,945,306.93
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	11,294	47,844
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,487.01	124.26
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	760.37	119.22
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	760.37	119.22
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county	1,711.37	180.71
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	939.66	172.97
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	939.66	172.97
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	760.37	119.22
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	323.48	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,083.85	119.22
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$134,023,196.00	32,246,168.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,866.76	673.99
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,682.32	720.31
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,083.85	\$119.22
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$274.73	\$26.73
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	809.12	92.49



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101788 - 2011/07

789.48 / 83.43

Central Florida Regional Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2009-5/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Seminole (59)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	39,197,670	31,316,786	3,203,982	2,026,874	Total Bed Days	75,920
2. Routine	23,315,506		1,787,880		Total Inpatient Days	40,494
3. Special Care	8,365,112		573,599		Total Newborn Days	1,222
4. Newborn Routine	819,521		397,019		Medicaid Inpatient Days	3,281
5. Intern-Resident	0		0		Medicaid Newborn IP Days	31
6. Home Health					Medicare Inpatient Days	18,159
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-1,197,427	-523,023	-99,580	-33,851	Medicaid Paid Claims	18,210
9. Total Cost	70,500,382	30,793,763	5,862,900	1,993,023	Property Rate Allowance	0.80
10. Charges	\$383,947,300	\$242,894,275	\$24,080,783	19,536,321	First Semester in effect:	2011/07
11. Fixed Costs	9,302,330.00		583,432.65		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,801.90		123.72	County Ceiling Base	904.49	162.11
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	897.55	104.28	Cost Report DRI Index	1.847
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,671.70	176.52	FPLI	0.9608

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,862,900.43	1,993,023.11
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 583,432.65	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,279,467.78	1,993,023.11
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,733,953.64	2,164,593.59
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,312	18,210
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,731.27	118.87
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	916.61	107.55
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	916.61	107.55
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9608) for Seminole county	1,671.70	176.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	923.69	167.20
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	923.69	167.20
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	916.61	107.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	140.93	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,057.54	107.55
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$24,080,783.00	19,536,321.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,270.77	1,072.83
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,896.68	1,165.19
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,057.54	\$107.55
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$268.06	\$24.12
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	789.48	83.43



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

101796 - 2011/07

1,678.71 / 90.42

Shands at Live Oak

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Suwannee (61)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,272,717	10,286,675	118,642	1,771,402	Total Bed Days	5,475
2. Routine	2,424,898		105,431		Total Inpatient Days	2,239
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	120
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,429
7. Malpractice					Prospective Inflation factor	1.1238095238
8. Adjustments	-43,465	-120,917	-2,634	-20,822	Medicaid Paid Claims	20,326
9. Total Cost	3,654,150	10,165,758	221,439	1,750,580	Property Rate Allowance	1.00
10. Charges	\$7,129,598	\$35,754,058	\$483,377	6,121,394	First Semester in effect:	2010/07
11. Fixed Costs	873,628.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,573.58		109.13	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,543.12	162.94	FPLI	0.8869

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	3,654,150.42	1,750,579.59
AB	Total Fixed Costs	(-) 873,628.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	2,780,522.42	1,750,579.59
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,124,777.58	1,967,318.02
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	2,239	20,326
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,395.61	96.79
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,395.61	96.79
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8869) for Suwannee county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,395.61	96.79
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	390.19	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,785.80	96.79
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$7,129,598.00	6,121,394.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,184.28	301.16
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,578.52	338.45
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,785.80	\$96.79
AU	Medicaid Trend Adjustment IP% : 13.928 OP% : 11.321	\$248.73	\$10.96
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	141.64	4.59
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,678.71	90.42



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101800 - 2011/07

1,501.89 / 102.22

Doctor's Memorial Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 6/1/2009-5/31/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Taylor (62)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,419,672	8,049,651	531,692	2,041,452	Total Bed Days	17,520
2. Routine	3,187,903		425,783		Total Inpatient Days	3,964
3. Special Care	2,169,658		180,724		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	768
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,052
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-88,481	-91,581	-12,949	-23,226	Medicaid Paid Claims	19,819
9. Total Cost	7,688,752	7,958,070	1,125,250	2,018,226	Property Rate Allowance	1.00
10. Charges	\$10,591,476	\$26,575,424	\$2,026,729	5,139,429	First Semester in effect:	2011/07
11. Fixed Costs	2,260,002.00		432,462.07		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	993.23	112.12	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,716.24	181.22	FPLI	0.9864
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,125,249.74	2,018,226.46
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 432,462.07	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	692,787.67	2,018,226.46
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	752,426.68	2,191,966.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	768	19,819
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	979.72	110.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	979.72	110.60
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9864) for Taylor county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	979.72	110.60
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	563.10	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,542.82	110.60
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$2,026,729.00	5,139,429.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,638.97	259.32
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,866.15	281.64
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,542.82	\$110.60
AU	Medicaid Trend Adjustment IP% : 14.655 OP% : 11.321	\$226.09	\$12.52
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	185.17	4.14
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,501.89	102.22



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101826 - 2011/07

1,921.43 / 90.26

Florida Hospital - Fish Memorial

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	33,594,006	41,020,155	2,665,196	2,505,843	Total Bed Days	50,735
2. Routine	23,714,155		1,258,569		Total Inpatient Days	39,408
3. Special Care	7,557,513		773,428		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,499
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,254
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-984,365	-622,499	-71,282	-38,027	Medicaid Paid Claims	23,559
9. Total Cost	63,881,309	40,397,656	4,625,911	2,467,816	Property Rate Allowance	0.80
10. Charges	\$241,254,158	\$207,126,759	\$16,492,290	15,644,430	First Semester in effect:	2011/01
11. Fixed Costs	15,842,905.00		1,083,031.21		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,709.98	126.34	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,602.27	169.19	FPLI	0.9209
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,625,911.03	2,467,815.73
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,083,031.21	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,542,879.82	2,467,815.73
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,935,225.31	2,741,106.51
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,499	23,559
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,574.72	116.35
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,574.72	116.35
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,574.72	116.35
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	346.71	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,921.43	116.35
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$16,492,290.00	15,644,430.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,599.56	664.05
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,330.41	737.59
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,921.43	\$116.35
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$487.03	\$26.09
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	487.03	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,921.43	90.26



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101826 - 2011/07

904.05 / 79.78

County Billing ONLY

Florida Hospital - Fish Memorial

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	33,594,006	41,020,155	2,665,196	2,505,843	Total Bed Days	50,735
2. Routine	23,714,155		1,258,569		Total Inpatient Days	39,408
3. Special Care	7,557,513		773,428		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,499
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,254
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-984,365	-622,499	-71,282	-38,027	Medicaid Paid Claims	23,559
9. Total Cost	63,881,309	40,397,656	4,625,911	2,467,816	Property Rate Allowance	0.80
10. Charges	\$241,254,158	\$207,126,759	\$16,492,290	15,644,430	First Semester in effect:	2011/01
11. Fixed Costs	15,842,905.00		1,083,031.21		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,709.98		126.34	County Ceiling Base	846.33	160.68
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	960.13	99.71	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,602.27	169.19	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,625,911.03	2,467,815.73
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,083,031.21	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,542,879.82	2,467,815.73
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,935,225.31	2,741,106.51
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,499	23,559
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,574.72	116.35
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	980.51	102.84
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	980.51	102.84
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	1,602.27	169.19
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	864.30	165.72
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	864.30	165.72
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	864.30	102.84
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	346.71	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,211.01	102.84
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$16,492,290.00	15,644,430.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,599.56	664.05
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,330.41	737.59
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,211.01	\$102.84
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$306.96	\$23.06
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	904.05	79.78



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101834 - 2011/07

2,079.88 / 111.49

Bert Fish Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2009-6/30/2010

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	18,883,224	25,570,717	830,118	1,196,043	Total Bed Days	30,576
2. Routine	9,210,208		383,366		Total Inpatient Days	14,455
3. Special Care	3,474,491		159,580		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	663
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,402
7. Malpractice					Prospective Inflation factor	1.0744509909
8. Adjustments	-332,784	-269,562	-14,475	-12,608	Medicaid Paid Claims	11,405
9. Total Cost	31,235,139	25,301,155	1,358,589	1,183,435	Property Rate Allowance	0.80
10. Charges	\$78,666,317	\$89,274,886	\$3,701,538	4,615,920	First Semester in effect:	2011/07
11. Fixed Costs	6,254,885.00		294,315.22		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,872.90		121.07	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.867
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,602.27	169.19	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,358,589.39	1,183,434.51
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 294,315.22	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,064,274.17	1,183,434.51
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,143,510.43	1,271,542.38
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	663	11,405
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,724.75	111.49
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,724.75	111.49
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,724.75	111.49
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	355.13	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,079.88	111.49
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$3,701,538.00	4,615,920.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,583.01	404.73
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,998.67	434.86
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,079.88	\$111.49
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$527.19	\$25.00
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	527.19	25.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,079.88	111.49



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

101834 - 2011/07

910.34 / 75.94

County Billing ONLY

Bert Fish Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2009-6/30/2010

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	18,883,224	25,570,717	830,118	1,196,043	Total Bed Days	30,576
2. Routine	9,210,208		383,366		Total Inpatient Days	14,455
3. Special Care	3,474,491		159,580		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	663
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,402
7. Malpractice					Prospective Inflation factor	1.0744509909
8. Adjustments	-332,784	-269,562	-14,475	-12,608	Medicaid Paid Claims	11,405
9. Total Cost	31,235,139	25,301,155	1,358,589	1,183,435	Property Rate Allowance	0.80
10. Charges	\$78,666,317	\$89,274,886	\$3,701,538	4,615,920	First Semester in effect:	2011/07
11. Fixed Costs	6,254,885.00		294,315.22		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,872.90	121.07		846.33	160.68	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	890.85	94.91	Cost Report DRI Index	1.867
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,602.27	169.19	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,358,589.39	1,183,434.51
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 294,315.22	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,064,274.17	1,183,434.51
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,143,510.43	1,271,542.38
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	663	11,405
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,724.75	111.49
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	909.76	97.89
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	909.76	97.89
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	1,602.27	169.19
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	864.30	165.72
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	864.30	165.72
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	864.30	97.89
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	355.13	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,219.43	97.89
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$3,701,538.00	4,615,920.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,583.01	404.73
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,998.67	434.86
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,219.43	\$97.89
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$309.09	\$21.95
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	910.34	75.94



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101842 - 2011/07

1,616.59 / 156.46

Halifax Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	124,412,027	103,477,376	11,182,370	9,206,100	Total Bed Days	200,750
2. Routine	59,793,866		7,567,844		Total Inpatient Days	118,622
3. Special Care	40,082,270		3,628,875		Total Newborn Days	6,968
4. Newborn Routine	3,888,540		1,462,675		Medicaid Inpatient Days	14,623
5. Intern-Resident	0		0		Medicaid Newborn IP Days	419
6. Home Health					Medicare Inpatient Days	42,504
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-3,768,077	-1,708,810	-393,719	-152,028	Medicaid Paid Claims	61,846
9. Total Cost	224,408,626	101,768,566	23,448,045	9,054,072	Property Rate Allowance	0.80
10. Charges	\$685,653,877	\$411,344,127	\$70,758,762	32,796,546	First Semester in effect:	2011/07
11. Fixed Costs	26,779,946.00		2,763,662.38		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,595.85	169.90	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,602.27	169.19	FPLI	0.9209
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	23,448,044.59	9,054,071.81
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,763,662.38	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	20,684,382.21	9,054,071.81
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	22,105,951.37	9,676,328.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	15,042	61,846
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,469.62	156.46
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,469.62	156.46
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,469.62	156.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	146.98	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,616.60	156.46
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$70,758,762.00	32,796,546.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,704.08	530.29
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,027.38	566.74
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,616.60	\$156.46
AU	Medicaid Trend Adjustment IP% : 24.186 OP% : 21.591	\$390.99	\$33.78
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	159.00	10.50
AW	Buy Back of Medicaid Trend Adjustment	390.99	33.78
AX	Buy Back of Exemption Tier Adjustment	159.00	10.50
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,616.59	156.46



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101842 - 2011/07

732.40 / 89.90

County Billing ONLY

Halifax Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	124,412,027	103,477,376	11,182,370	9,206,100	Total Bed Days	200,750
2. Routine	59,793,866		7,567,844		Total Inpatient Days	118,622
3. Special Care	40,082,270		3,628,875		Total Newborn Days	6,968
4. Newborn Routine	3,888,540		1,462,675		Medicaid Inpatient Days	14,623
5. Intern-Resident	0		0		Medicaid Newborn IP Days	419
6. Home Health					Medicare Inpatient Days	42,504
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-3,768,077	-1,708,810	-393,719	-152,028	Medicaid Paid Claims	61,846
9. Total Cost	224,408,626	101,768,566	23,448,045	9,054,072	Property Rate Allowance	0.80
10. Charges	\$685,653,877	\$411,344,127	\$70,758,762	32,796,546	First Semester in effect:	2011/07
11. Fixed Costs	26,779,946.00		2,763,662.38		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,595.85		169.90	County Ceiling Base	1,032.25	160.68
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	816.75	112.35	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,602.27	169.19	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	23,448,044.59	9,054,071.81
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,763,662.38	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	20,684,382.21	9,054,071.81
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	22,105,951.37	9,676,328.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	15,042	61,846
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,469.62	156.46
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	834.09	115.88
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	834.09	115.88
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	1,602.27	169.19
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,054.17	165.72
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,054.17	165.72
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	834.09	115.88
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	146.98	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	981.07	115.88
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$70,758,762.00	32,796,546.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,704.08	530.29
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,027.38	566.74
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$981.07	\$115.88
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$248.67	\$25.98
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	732.40	89.90



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101869 - 2011/07

853.30 / 82.57

Ormond Beach Memorial Hospital

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: General

Type of Action: Amended Cost Report [2]

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	67,655,679	65,599,205	3,757,444	2,918,835	Total Bed Days	144,540
2. Routine	38,973,114		2,582,050		Total Inpatient Days	56,595
3. Special Care	10,549,630		572,381		Total Newborn Days	2,722
4. Newborn Routine	1,280,487		955,893		Medicaid Inpatient Days	3,974
5. Intern-Resident	0		0		Medicaid Newborn IP Days	150
6. Home Health					Medicare Inpatient Days	29,304
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-1,283,602	-710,822	-85,254	-31,628	Medicaid Paid Claims	22,177
9. Total Cost	117,175,308	64,888,383	7,782,514	2,887,207	Property Rate Allowance	0.80
10. Charges	\$351,648,437	\$250,656,102	\$21,588,247	11,127,273	First Semester in effect:	2010/07
11. Fixed Costs	23,403,615.00		1,436,784.49		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,855.93		157.03	County Ceiling Base	846.33	160.68
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,005.92	103.20	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,602.27	169.19	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,782,514.14	2,887,206.98
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,436,784.49	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,345,729.65	2,887,206.98
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,048,468.26	3,206,941.97
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,124	22,177
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,709.13	144.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,027.28	106.44
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,027.28	106.44
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	1,602.27	169.19
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	864.30	165.72
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	864.30	165.72
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	864.30	106.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	278.72	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,143.02	106.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$21,588,247.00	11,127,273.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,234.78	501.75
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,814.49	557.31
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,143.02	\$106.44
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$289.72	\$23.87
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	853.30	82.57



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101877 - 2011/07

2,005.01 / 80.46

Memorial Hospital - West Volusia

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	24,888,076	35,138,598	4,292,067	2,711,463	Total Bed Days	56,940
2. Routine	22,188,068		2,542,948		Total Inpatient Days	34,190
3. Special Care	7,402,734		969,966		Total Newborn Days	2,081
4. Newborn Routine	1,144,352		846,296		Medicaid Inpatient Days	4,411
5. Intern-Resident	0		0		Medicaid Newborn IP Days	92
6. Home Health					Medicare Inpatient Days	13,821
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-804,451	-508,192	-125,119	-39,215	Medicaid Paid Claims	31,789
9. Total Cost	54,818,779	34,630,406	8,526,158	2,672,248	Property Rate Allowance	0.80
10. Charges	\$203,095,584	\$204,489,618	\$25,464,443	16,825,232	First Semester in effect:	2011/01
11. Fixed Costs	11,339,645.00		1,421,782.48		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,902.94	101.39	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,602.27	169.19	FPLI	0.9209
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,526,157.90	2,672,248.46
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,421,782.48	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,104,375.42	2,672,248.46
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,891,127.95	2,968,178.52
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,503	31,789
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,752.42	93.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,752.42	93.37
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,752.42	93.37
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	252.59	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,005.01	93.37
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$25,464,443.00	16,825,232.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,655.00	529.28
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,281.25	587.89
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,005.01	\$93.37
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$508.22	\$20.94
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	508.21	8.03
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,005.01	80.46



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101877 - 2011/07

833.79 / 66.48

County Billing ONLY

Memorial Hospital - West Volusia

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	24,888,076	35,138,598	4,292,067	2,711,463	Total Bed Days	56,940
2. Routine	22,188,068		2,542,948		Total Inpatient Days	34,190
3. Special Care	7,402,734		969,966		Total Newborn Days	2,081
4. Newborn Routine	1,144,352		846,296		Medicaid Inpatient Days	4,411
5. Intern-Resident	0		0		Medicaid Newborn IP Days	92
6. Home Health					Medicare Inpatient Days	13,821
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-804,451	-508,192	-125,119	-39,215	Medicaid Paid Claims	31,789
9. Total Cost	54,818,779	34,630,406	8,526,158	2,672,248	Property Rate Allowance	0.80
10. Charges	\$203,095,584	\$204,489,618	\$25,464,443	16,825,232	First Semester in effect:	2011/01
11. Fixed Costs	11,339,645.00		1,421,782.48		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,902.94		101.39	County Ceiling Base	846.33	160.68
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,098.76	83.09	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,602.27	169.19	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,526,157.90	2,672,248.46
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,421,782.48	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,104,375.42	2,672,248.46
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,891,127.95	2,968,178.52
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,503	31,789
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,752.42	93.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,122.09	85.70
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,122.09	85.70
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	1,602.27	169.19
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	864.30	165.72
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	864.30	165.72
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	864.30	85.70
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	252.59	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,116.89	85.70
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$25,464,443.00	16,825,232.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,655.00	529.28
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,281.25	587.89
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,116.89	\$85.70
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$283.10	\$19.22
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	833.79	66.48



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101885 - 2011/07

1,227.44 / 56.74

Healthmark Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2008-9/30/2009
 Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Walton (66)
 District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,072,192	3,748,345	261,559	709,585	Total Bed Days	18,250
2. Routine	1,606,672		149,237		Total Inpatient Days	3,906
3. Special Care	744,417		91,778		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	418
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,181
7. Malpractice					Prospective Inflation factor	1.1225517627
8. Adjustments	-70,845	-60,035	-8,049	-11,365	Medicaid Paid Claims	13,042
9. Total Cost	4,352,436	3,688,310	494,525	698,220	Property Rate Allowance	1.00
10. Charges	\$10,616,077	\$14,245,550	\$1,268,426	2,857,178	First Semester in effect:	2010/07
11. Fixed Costs	1,302,159.00		155,584.06		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,020.33		67.37	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,552.16	163.90	FPLI	0.8921

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	494,524.58	698,220.01
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 155,584.06	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	338,940.52	698,220.01
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	380,478.28	783,788.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	418	13,042
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	910.24	60.10
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	910.24	60.10
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8921) for Walton county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	910.24	60.10
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	372.21	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,282.45	60.10
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,268,426.00	2,857,178.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,034.51	219.08
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,406.39	245.93
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,282.45	\$60.10
AU	Medicaid Trend Adjustment IP% : 14.395 OP% : 11.321	\$184.61	\$6.80
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	129.60	3.45
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,227.44	56.74



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101893 - 2011/07

1,615.48 / 73.96

Florida Hospital - Flagler

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Flagler (18)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	21,009,293	33,316,647	1,352,189	2,211,104	Total Bed Days	29,565
2. Routine	14,717,165		875,877		Total Inpatient Days	25,827
3. Special Care	5,450,427		327,441		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,617
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,254
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-723,883	-585,701	-44,925	-38,871	Medicaid Paid Claims	30,800
9. Total Cost	40,453,002	32,730,946	2,510,582	2,172,233	Property Rate Allowance	1.00
10. Charges	\$170,427,002	\$172,653,108	\$10,062,902	15,596,541	First Semester in effect:	2011/01
11. Fixed Costs	7,671,457.00		452,962.96		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,510.54	83.72	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,628.02	171.91	FPLI	0.9357
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,510,581.61	2,172,233.16
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 452,962.96	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,057,618.65	2,172,233.16
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,285,483.39	2,412,790.54
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,617	30,800
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,413.41	78.34
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,413.41	78.34
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9357) for Flagler county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,413.41	78.34
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	280.13	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,693.54	78.34
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$10,062,902.00	15,596,541.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,223.19	506.38
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,912.36	562.46
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,693.54	\$78.34
AU	Medicaid Trend Adjustment IP% : 14.655 OP% : 11.321	\$248.18	\$8.87
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	170.12	4.49
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,615.48	73.96



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101907 - 2011/07

1,831.73 / 117.29

Northwest Community Hospital

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Washington (67)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,169,343	8,390,794	170,279	1,651,543	Total Bed Days	9,125
2. Routine	2,292,321		140,512		Total Inpatient Days	1,805
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	156
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,223
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-40,619	-98,458	-3,647	-19,379	Medicaid Paid Claims	14,414
9. Total Cost	3,421,045	8,292,336	307,144	1,632,164	Property Rate Allowance	1.00
10. Charges	\$7,127,566	\$35,467,964	\$842,485	5,967,680	First Semester in effect:	2011/07
11. Fixed Costs	1,117,986.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,580.28		140.25	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,501.36	158.53	FPLI	0.8629

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	3,421,044.76	1,632,163.76
AB	Total Fixed Costs	(-) 1,117,986.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	2,303,058.76	1,632,163.76
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,461,340.37	1,744,336.98
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	1,805	14,414
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,363.62	121.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,363.62	121.02
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8629) for Washington county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,363.62	121.02
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	619.38	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,983.00	121.02
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$7,127,566.00	5,967,680.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,948.79	414.02
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	4,220.18	442.47
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,983.00	\$121.02
AU	Medicaid Trend Adjustment IP% : 14.655 OP% : 9.290	\$290.60	\$11.24
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	139.33	7.51
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,831.73	117.29



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101915 - 2011/07

605.69 / 15.15

Kindred Hospital-Hollywood

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2009-8/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,545,085	73,186	136,521	0	Total Bed Days	43,070
2. Routine	17,088,641		214,871		Total Inpatient Days	25,774
3. Special Care	2,858,644		8,724		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	296
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0727272727
8. Adjustments	-539,774	-1,216	-5,982	0	Medicaid Paid Claims	0
9. Total Cost	31,952,596	71,970	354,134	0	Property Rate Allowance	0.80
10. Charges	\$140,886,006	\$819,253	\$1,515,029	0	First Semester in effect:	2011/07
11. Fixed Costs	3,811,793.00		40,990.42		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,048.85		0.00	County Ceiling Base	946.66	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	686.00	NA	Cost Report DRI Index	1.870
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,882.57	198.79	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	354,133.63	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 40,990.42	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	313,143.21	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	335,917.26	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	296	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,134.86	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	700.56	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	700.56	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,882.57	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	966.76	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	966.76	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	700.56	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	110.78	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	811.34	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,515,029.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,118.34	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,490.58	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$811.34	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$205.65	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	605.69	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101923 - 2011/07

2,135.03 / 142.04

Desoto Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: DeSoto (14)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,153,386	12,313,631	2,487,412	2,540,623	Total Bed Days	17,885
2. Routine	5,551,117		999,460		Total Inpatient Days	9,445
3. Special Care	1,766,779		277,802		Total Newborn Days	1,432
4. Newborn Routine	537,306		489,649		Medicaid Inpatient Days	1,901
5. Intern-Resident	0		0		Medicaid Newborn IP Days	70
6. Home Health					Medicare Inpatient Days	4,172
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-153,690	-135,094	-46,675	-27,873	Medicaid Paid Claims	17,597
9. Total Cost	13,854,898	12,178,537	4,207,648	2,512,750	Property Rate Allowance	1.00
10. Charges	\$36,416,485	\$48,539,146	\$8,719,481	9,071,855	First Semester in effect:	2011/07
11. Fixed Costs	3,027,376.00		724,868.08		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,787.63	144.46	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,838.03	194.08	FPLI	1.0564
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,207,648.35	2,512,749.54
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 724,868.08	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,482,780.27	2,512,749.54
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,722,140.24	2,685,442.50
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,971	17,597
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,888.45	152.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,888.45	152.61
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0564) for DeSoto county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,888.45	152.61
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	367.77	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,256.22	152.61
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$8,719,481.00	9,071,855.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,423.89	515.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,727.93	550.96
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,256.22	\$152.61
AU	Medicaid Trend Adjustment IP% : 14.655 OP% : 11.321	\$330.64	\$17.28
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	209.45	6.71
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	2,135.03	142.04



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101931 - 2011/07

752.51 / 69.35

Memorial Hospital of Jacksonville

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Duval (16)
 District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	104,577,217	65,623,633	7,602,142	3,530,749	Total Bed Days	126,923
2. Routine	65,727,093		5,323,969		Total Inpatient Days	109,094
3. Special Care	18,226,907		1,614,386		Total Newborn Days	6,678
4. Newborn Routine	4,481,134		2,479,456		Medicaid Inpatient Days	9,168
5. Intern-Resident	0		0		Medicaid Newborn IP Days	114
6. Home Health					Medicare Inpatient Days	47,207
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-3,009,081	-1,023,079	-265,343	-55,045	Medicaid Paid Claims	36,907
9. Total Cost	190,003,270	64,600,554	16,754,610	3,475,704	Property Rate Allowance	0.80
10. Charges	\$1,250,401,846	\$635,869,149	\$98,612,440	39,038,343	First Semester in effect:	2011/01
11. Fixed Costs	24,926,402.00		1,965,810.69		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,785.79	105.55	858.08	166.58	86.67	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	821.16	183.72	182.07	FPLI Year Used	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90			FPLI	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	1,724.24				0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	16,754,610.29	3,475,704.28
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,965,810.69	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	14,788,799.60	3,475,704.28
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	16,426,540.41	3,860,610.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,282	36,907
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,769.72	104.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	838.59	89.39
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	838.59	89.39
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	1,724.24	182.07
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	876.30	171.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	876.30	171.81
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	838.59	89.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	169.43	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,008.02	89.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$98,612,440.00	39,038,343.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,624.05	1,057.75
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,800.58	1,174.89
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,008.02	\$89.39
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$255.51	\$20.04
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	752.51	69.35



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101940 - 2011/07

2,490.26 / 101.01

Campbellton-Graceville Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Jackson (32)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,148,070	1,933,335	27,439	267,754	Total Bed Days	9,125
2. Routine	817,007		22,352		Total Inpatient Days	821
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	29
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	705
7. Malpractice					Prospective Inflation factor	1.1225517627
8. Adjustments	-27,605	-27,160	-699	-3,761	Medicaid Paid Claims	2,741
9. Total Cost	1,937,472	1,906,175	49,092	263,993	Property Rate Allowance	1.00
10. Charges	\$4,391,266	\$4,784,993	\$105,545	591,050	First Semester in effect:	2011/01
11. Fixed Costs	244,489.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,706.75		126.43	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,487.96	157.12	FPLI	0.8552

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	1,937,471.54	263,992.58
AB	Total Fixed Costs	(-) 244,489.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	1,692,982.54	263,992.58
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,900,460.53	296,345.34
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	821	2,741
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,314.81	108.12
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,314.81	108.12
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8552) for Jackson county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,314.81	108.12
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	297.79	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,612.60	108.12
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$4,391,266.00	591,050.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,348.68	215.63
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	6,004.17	242.06
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,612.60	\$108.12
AU	Medicaid Trend Adjustment IP% : 14.655 OP% : 11.321	\$382.86	\$12.24
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	260.52	5.13
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	2,490.26	101.01



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

101991 - 2011/07

235.83 / 83.59

Wiregrass Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	3,401,405	4,765,659	75,449	96,482	Total Bed Days	32,485
2. Routine	5,107,580		57,346		Total Inpatient Days	10,534
3. Special Care	749,008		17,159		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	489
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,186
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	0	0	0	0	Medicaid Paid Claims	750
9. Total Cost	9,257,993	4,765,659	149,954	96,482	Property Rate Allowance	0.80
10. Charges	\$15,956,592	\$15,695,552	\$301,592	301,108	First Semester in effect:	2011/07
11. Fixed Costs	1,138,174.00		21,512.37		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	280.71		137.48	County Ceiling Base	917.91	174.48
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	445.62	104.47	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,739.90	183.72	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	149,954.00	96,482.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 21,512.37	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	128,441.63	96,482.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	137,268.99	103,112.89
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	489	750
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	280.71	137.48
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	455.08	107.75
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	280.71	107.75
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,739.90	183.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	937.40	179.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	937.40	179.96
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	280.71	107.75
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	35.19	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	315.90	107.75
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$301,592.00	301,108.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	616.75	401.48
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	659.14	429.07
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$315.90	\$107.75
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$80.07	\$24.16
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	235.83	83.59



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102016 - 2011/07

304.12 / 15.15

Floral Memorial Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2009-6/30/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)
 District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	458,879	1,258,934	1,552	0	Total Bed Days	8,030
2. Routine	778,899		1,667		Total Inpatient Days	1,378
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,175
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0	0	0	0	Medicaid Paid Claims	798
9. Total Cost	1,237,778	1,258,934	3,219	0	Property Rate Allowance	0.80
10. Charges	\$3,059,538	\$2,701,185	\$5,874	0	First Semester in effect:	2011/07
11. Fixed Costs	64,416.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	920.31		0.00	County Ceiling Base	917.91	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	362.29	NA	Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,739.90	183.72	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	1,237,778.00	
AB	Total Fixed Costs	(-) 64,416.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	1,173,362.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,268,191.90	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	1,378	798
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	920.31	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	369.98	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	369.98	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,739.90	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	937.40	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	937.40	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	369.98	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	37.40	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	407.38	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$3,059,538.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,220.27	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	2,399.71	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$407.38	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$103.26	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	304.12	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102024 - 2011/07

506.92 / 139.61

Type of Control: Government (4)
 Fiscal Year : 10/1/2003-9/30/2004
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)
 District:

D.W.Mcmillan Memorial

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,731,169	8,304,111	15,818	25,698	Total Bed Days	33,672
2. Routine	4,860,258		13,170		Total Inpatient Days	11,947
3. Special Care	1,861,905		1,339		Total Newborn Days	750
4. Newborn Routine	256,537		10,946		Medicaid Inpatient Days	38
5. Intern-Resident	0		0		Medicaid Newborn IP Days	3
6. Home Health					Medicare Inpatient Days	5,975
7. Malpractice					Prospective Inflation factor	1.3805918789
8. Adjustments	0	0	0	0	Medicaid Paid Claims	181
9. Total Cost	11,709,869	8,304,111	41,273	25,698	Property Rate Allowance	0.80
10. Charges	\$25,173,989	\$36,408,195	\$71,070	85,741	First Semester in effect:	2005/07
11. Fixed Costs	968,439.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,167.96		196.01	County Ceiling Base	917.91	174.48
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	605.17	183.46	Cost Report DRI Index	1.453
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,739.90	183.72	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	11,709,869.00	25,698.00
AB	Total Fixed Costs	(-) 968,439.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	10,741,430.00	25,698.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	14,829,531.03	35,478.45
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	12,697	181
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,167.96	196.01
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	618.02	189.22
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	618.02	189.22
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,739.90	183.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	937.40	179.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	937.40	179.96
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	618.02	179.96
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	61.02	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	679.04	179.96
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$25,173,989.00	85,741.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,982.67	473.71
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	2,737.26	654.00
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$679.04	\$179.96
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$172.12	\$40.35
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	506.92	139.61



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102041 - 2011/07

524.85 / 83.57

Archbold Memorial Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	53,617,475	62,099,032	3,628	8,865	Total Bed Days	96,360
2. Routine	27,613,431		3,776		Total Inpatient Days	56,764
3. Special Care	7,989,755		0		Total Newborn Days	1,923
4. Newborn Routine	534,157		0		Medicaid Inpatient Days	7
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	28,640
7. Malpractice					Prospective Inflation factor	1.1225517627
8. Adjustments	0	0	0	0	Medicaid Paid Claims	90
9. Total Cost	89,754,818	62,099,032	7,404	8,865	Property Rate Allowance	0.80
10. Charges	\$256,910,766	\$256,766,884	\$15,648	35,406	First Semester in effect:	2010/07
11. Fixed Costs	11,712,073.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,492.78		110.57	County Ceiling Base	917.91	174.48
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	532.10	104.44	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,739.90	183.72	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	89,754,818.00	8,865.00
AB	Total Fixed Costs	(-) 11,712,073.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	78,042,745.00	8,865.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	87,607,020.97	9,951.42
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	58,687	90
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,492.78	110.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	543.40	107.72
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	543.40	107.72
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,739.90	183.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	937.40	179.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	937.40	179.96
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	543.40	107.72
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	159.65	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	703.05	107.72
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$256,910,766.00	35,406.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,377.64	393.40
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	4,914.13	441.61
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$703.05	\$107.72
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$178.20	\$24.15
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	524.85	83.57



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102067 - 2011/07

697.97 / 112.32

Southeast Alabama General

Type of Control: Government (4)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	71,355,991	76,020,163	549,192	472,996	Total Bed Days	135,050
2. Routine	37,328,369		254,403		Total Inpatient Days	84,989
3. Special Care	9,806,942		63,523		Total Newborn Days	3,974
4. Newborn Routine	1,719,607		1,731		Medicaid Inpatient Days	610
5. Intern-Resident	0		0		Medicaid Newborn IP Days	4
6. Home Health					Medicare Inpatient Days	43,709
7. Malpractice					Prospective Inflation factor	1.1225517627
8. Adjustments	0	0	0	0	Medicaid Paid Claims	3,268
9. Total Cost	120,210,909	76,020,163	868,849	472,996	Property Rate Allowance	0.80
10. Charges	\$500,034,580	\$480,191,671	\$3,337,452	2,770,555	First Semester in effect:	2010/07
11. Fixed Costs	17,550,920.00		117,142.60		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,374.31		162.47	County Ceiling Base	917.91	174.48
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	766.07	140.37	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,739.90	183.72	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	868,849.00	472,996.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 117,142.60	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	751,706.40	472,996.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	843,829.34	530,962.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	614	3,268
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,374.31	162.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	782.33	144.78
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	782.33	144.78
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,739.90	183.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	937.40	179.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	937.40	179.96
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	782.33	144.78
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	152.63	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	934.96	144.78
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$3,337,452.00	2,770,555.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,435.59	847.78
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,101.73	951.68
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$934.96	\$144.78
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$236.99	\$32.46
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	697.97	112.32



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102075 - 2011/07

625.36 / 79.24

South Georgia Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	72,527,093	80,735,362	5,299,820	83,564	Total Bed Days	122,275
2. Routine	42,303,704		4,535,274		Total Inpatient Days	75,329
3. Special Care	14,766,246		784,589		Total Newborn Days	3,692
4. Newborn Routine	2,972,943		377,658		Medicaid Inpatient Days	7,658
5. Intern-Resident	0		0		Medicaid Newborn IP Days	71
6. Home Health					Medicare Inpatient Days	38,091
7. Malpractice					Prospective Inflation factor	1.1225517627
8. Adjustments	0	0	0	0	Medicaid Paid Claims	907
9. Total Cost	132,569,986	80,735,362	10,997,341	83,564	Property Rate Allowance	0.80
10. Charges	\$292,061,556	\$235,089,680	\$19,395,789	242,387	First Semester in effect:	2011/01
11. Fixed Costs	18,275,815.00		1,213,695.69		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,420.97		103.42	County Ceiling Base	917.91	174.48
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	697.26	99.04	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,739.90	183.72	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,997,341.00	83,564.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,213,695.69	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,783,645.31	83,564.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,982,648.29	93,804.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	7,729	907
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,420.97	103.42
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	712.06	102.15
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	712.06	102.15
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,739.90	183.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	937.40	179.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	937.40	179.96
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	712.06	102.15
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	125.63	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	837.69	102.15
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$19,395,789.00	242,387.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,509.48	267.24
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,817.02	299.99
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$837.69	\$102.15
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$212.33	\$22.91
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	625.36	79.24



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102091 - 2011/07

595.24 / 111.50

Flowers Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2009-6/30/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)
 District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	50,256,204	63,955,090	267,399	210,280	Total Bed Days	85,775
2. Routine	22,155,332		137,085		Total Inpatient Days	51,744
3. Special Care	7,682,781		22,931		Total Newborn Days	3,226
4. Newborn Routine	2,098,149		7,154		Medicaid Inpatient Days	300
5. Intern-Resident	0		0		Medicaid Newborn IP Days	11
6. Home Health					Medicare Inpatient Days	26,170
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0	0	0	0	Medicaid Paid Claims	1,373
9. Total Cost	82,192,466	63,955,090	434,569	210,280	Property Rate Allowance	0.80
10. Charges	\$463,961,701	\$526,261,684	\$2,497,536	1,880,827	First Semester in effect:	2011/07
11. Fixed Costs	11,359,858.00		61,150.85		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,297.74		165.53	County Ceiling Base	917.91	174.48
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	626.74	139.35	Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,739.90	183.72	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	434,569.00	210,280.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 61,150.85	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	373,418.15	210,280.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	403,597.41	227,274.61
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	311	1,373
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,297.74	165.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	640.05	143.73
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	640.05	143.73
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,739.90	183.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	937.40	179.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	937.40	179.96
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	640.05	143.73
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	157.30	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	797.35	143.73
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$2,497,536.00	1,880,827.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,030.66	1,369.87
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,679.69	1,480.58
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$797.35	\$143.73
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$202.11	\$32.23
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	595.24	111.50



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102105 - 2011/07

2,257.07 / 109.70

Palm Beach Gardens Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: Self Exempt

Type of Action: Amended Cost Report [2]
 : Rate Includes Buy Back

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	72,815,179	25,182,287	1,963,127	403,889	Total Bed Days	72,635
2. Routine	31,752,387		903,014		Total Inpatient Days	50,498
3. Special Care	9,043,667		242,219		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,476
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	27,802
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-1,734,586	-384,477	-47,458	-6,166	Medicaid Paid Claims	4,027
9. Total Cost	111,876,647	24,797,810	3,060,902	397,723	Property Rate Allowance	0.80
10. Charges	\$587,118,794	\$167,441,221	\$15,464,765	2,803,240	First Semester in effect:	2011/01
11. Fixed Costs	8,360,301.00		220,211.13		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,085.38	107.01	Exempt	Exempt	Exempt	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,783.57	188.33	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,060,902.38	397,722.53
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 220,211.13	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,840,691.25	397,722.53
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,155,275.00	441,767.11
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,476	4,027
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,137.72	109.70
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,137.72	109.70
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,137.72	109.70
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	119.36	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,257.08	109.70
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$15,464,765.00	2,803,240.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,477.48	696.11
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,637.78	773.20
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,257.08	\$109.70
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$572.11	\$24.60
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	572.10	24.60
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,257.07	109.70



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102105 - 2011/07

839.51 / 77.18

County Billing ONLY

Palm Beach Gardens Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: Self Exempt

Type of Action: Amended Cost Report [2]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	72,815,179	25,182,287	1,963,127	403,889	Total Bed Days	72,635
2. Routine	31,752,387		903,014		Total Inpatient Days	50,498
3. Special Care	9,043,667		242,219		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,476
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	27,802
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-1,734,586	-384,477	-47,458	-6,166	Medicaid Paid Claims	4,027
9. Total Cost	111,876,647	24,797,810	3,060,902	397,723	Property Rate Allowance	0.80
10. Charges	\$587,118,794	\$167,441,221	\$15,464,765	2,803,240	First Semester in effect:	2011/01
11. Fixed Costs	8,360,301.00		220,211.13		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,085.38	107.01	County Ceiling Base	984.29	177.82	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,177.32	96.46	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,783.57	188.33	FPLI	1.0251

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,060,902.38	397,722.53
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 220,211.13	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,840,691.25	397,722.53
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,155,275.00	441,767.11
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,476	4,027
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,137.72	109.70
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,202.32	99.49
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,202.32	99.49
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,783.57	188.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,005.19	183.40
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,005.19	183.40
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,005.19	99.49
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	119.36	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,124.55	99.49
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$15,464,765.00	2,803,240.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,477.48	696.11
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,637.78	773.20
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,124.55	\$99.49
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$285.04	\$22.31
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	839.51	77.18



Florida Agency For Health Care Administration

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Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102121 - 2011/07

497.78 / 51.13

Grady General Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	3,259,064	6,214,527	0	1,644	Total Bed Days	16,790
2. Routine	2,870,107		744		Total Inpatient Days	3,958
3. Special Care	479,734		0		Total Newborn Days	444
4. Newborn Routine	506,662		0		Medicaid Inpatient Days	1
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,768
7. Malpractice					Prospective Inflation factor	1.1225517627
8. Adjustments	0	0	0	0	Medicaid Paid Claims	28
9. Total Cost	7,115,567	6,214,527	744	1,644	Property Rate Allowance	0.80
10. Charges	\$15,086,736	\$20,407,216	\$0	5,145	First Semester in effect:	2011/07
11. Fixed Costs	795,347.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,611.72		65.91	County Ceiling Base	917.91	174.48
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	511.40	Exempt	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,739.90	183.72	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	7,115,567.00	1,644.00
AB	Total Fixed Costs	(-) 795,347.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	6,320,220.00	1,644.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,094,774.10	1,845.48
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	4,402	28
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,611.72	65.91
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	522.26	0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	522.26	65.91
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,739.90	183.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	937.40	179.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	937.40	179.96
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	522.26	65.91
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	144.54	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	666.80	65.91
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$15,086,736.00	5,145.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,427.25	183.75
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,847.26	206.27
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$666.80	\$65.91
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$169.02	\$14.78
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	497.78	51.13



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102130 - 2011/07

1,276.17 / 123.88

Wellington Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,603,321	33,240,694	4,971,870	1,957,629	Total Bed Days	57,355
2. Routine	21,113,124		3,669,180		Total Inpatient Days	41,410
3. Special Care	5,955,416		526,361		Total Newborn Days	4,869
4. Newborn Routine	2,825,995		1,067,954		Medicaid Inpatient Days	7,010
5. Intern-Resident	0		159,967		Medicaid Newborn IP Days	1,246
6. Home Health					Medicare Inpatient Days	9,029
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	0	0	0	0	Medicaid Paid Claims	16,755
9. Total Cost	70,497,856	33,240,694	10,395,332	1,957,629	Property Rate Allowance	0.80
10. Charges	\$335,320,184	\$209,887,733	\$41,997,960	13,429,354	First Semester in effect:	2011/01
11. Fixed Costs	12,281,866.00		1,538,271.01		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,162.43		126.60	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,783.57	188.33	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,395,332.00	1,957,629.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,538,271.01	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	8,857,060.99	1,957,629.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,837,909.39	2,174,420.69
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,256	16,755
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,191.61	129.78
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,191.61	129.78
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,191.61	129.78
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	149.06	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,340.67	129.78
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$41,997,960.00	13,429,354.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,086.96	801.51
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,650.30	890.27
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,340.67	\$129.78
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$339.82	\$29.10
AV	Exemption Tier Adj (AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67%)	64.50	5.90
AW	Buy Back of Medicaid Trend Adjustment	339.82	29.10
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,276.17	123.88



Florida Agency For Health Care Administration

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102130 - 2011/07

805.41 / 82.81

County Billing ONLY

Wellington Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,603,321	33,240,694	4,971,870	1,957,629	Total Bed Days	57,355
2. Routine	21,113,124		3,669,180		Total Inpatient Days	41,410
3. Special Care	5,955,416		526,361		Total Newborn Days	4,869
4. Newborn Routine	2,825,995		1,067,954		Medicaid Inpatient Days	7,010
5. Intern-Resident	0		159,967		Medicaid Newborn IP Days	1,246
6. Home Health					Medicare Inpatient Days	9,029
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	0	0	0	0	Medicaid Paid Claims	16,755
9. Total Cost	70,497,856	33,240,694	10,395,332	1,957,629	Property Rate Allowance	0.80
10. Charges	\$335,320,184	\$209,887,733	\$41,997,960	13,429,354	First Semester in effect:	2011/01
11. Fixed Costs	12,281,866.00		1,538,271.01		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,162.43	126.60	984.29	177.82	2,006.0	Cost Report DRI Index	1.806
2. Base Rate Semester	2011/01	2011/01	910.48	103.49	2008	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90	183.72	1.0251	FPLI	1.0251
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	1,783.57	188.33			

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,395,332.00	1,957,629.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,538,271.01	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	8,857,060.99	1,957,629.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,837,909.39	2,174,420.69
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,256	16,755
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,191.61	129.78
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	929.81	106.74
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	929.81	106.74
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,783.57	188.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,005.19	183.40
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,005.19	183.40
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	929.81	106.74
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	149.06	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,078.87	106.74
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$41,997,960.00	13,429,354.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,086.96	801.51
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,650.30	890.27
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,078.87	\$106.74
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$273.46	\$23.93
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	805.41	82.81



Florida Agency For Health Care Administration

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Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

102164 - 2011/07

487.66 / 15.15

Mizell Memorial Hospital

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 10/1/1991-9/30/1992

Hospital Classification: General

County: Out-Of-State (69)

District:

Type of Action: Unaudited Cost Report [1]

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,230,788	1,378,151	116,970	0	Total Bed Days	36,234
2. Routine	1,912,181		71,237		Total Inpatient Days	8,627
3. Special Care	450,573		15,423		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	274
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health	0				Medicare Inpatient Days	5,763
7. Malpractice					Prospective Inflation factor	2.0262626263
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	4,593,542	1,378,151	203,630	0	Property Rate Allowance	0.80
10. Charges	\$8,234,531	\$3,939,741	\$375,492	0	First Semester in effect:	1994/01
11. Fixed Costs	737,605.00		33,634.55		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,257.14		0.00	County Ceiling Base	917.91	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	543.50	NA	Cost Report DRI Index	0.990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,739.90	183.72	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	203,630.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 33,634.55	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	169,995.45	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	344,455.42	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	274	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,257.14	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	555.04	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	555.04	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,739.90	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	937.40	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	937.40	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	555.04	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	98.20	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	653.24	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$375,492.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,370.41	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,776.81	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$653.24	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$165.58	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	487.66	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate

Cost Report: First entered into system: 11/3/1993 Last Updated: 11/22/1993



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102199 - 2011/07

1,970.35 / 89.23

Citrus Memorial Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Citrus (9)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	55,373,870	46,031,920	3,447,525	2,879,216	Total Bed Days	72,270
2. Routine	30,801,941		2,302,643		Total Inpatient Days	43,149
3. Special Care	9,479,458		147,545		Total Newborn Days	1,086
4. Newborn Routine	648,379		432,847		Medicaid Inpatient Days	3,254
5. Intern-Resident	0		0		Medicaid Newborn IP Days	23
6. Home Health					Medicare Inpatient Days	27,117
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-1,965,187	-939,335	-129,182	-58,754	Medicaid Paid Claims	33,780
9. Total Cost	94,338,461	45,092,585	6,201,378	2,820,462	Property Rate Allowance	0.80
10. Charges	\$416,456,512	\$283,200,641	\$22,017,892	13,328,873	First Semester in effect:	2011/07
11. Fixed Costs	12,018,467.00		635,411.62		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,042.57	100.41	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,546.25	163.27	FPLI	0.8887
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,201,377.60	2,820,462.27
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 635,411.62	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,565,965.98	2,820,462.27
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,948,496.40	3,014,303.31
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,277	33,780
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,815.23	89.23
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,815.23	89.23
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8887) for Citrus county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,815.23	89.23
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	155.12	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,970.35	89.23
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$22,017,892.00	13,328,873.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,718.92	394.58
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,180.69	421.70
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,970.35	\$89.23
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$499.43	\$20.01
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	499.43	20.01
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,970.35	89.23



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102199 - 2011/07

779.53 / 63.19

County Billing ONLY

Citrus Memorial Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Citrus (9)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	55,373,870	46,031,920	3,447,525	2,879,216	Total Bed Days	72,270
2. Routine	30,801,941		2,302,643		Total Inpatient Days	43,149
3. Special Care	9,479,458		147,545		Total Newborn Days	1,086
4. Newborn Routine	648,379		432,847		Medicaid Inpatient Days	3,254
5. Intern-Resident	0		0		Medicaid Newborn IP Days	23
6. Home Health					Medicare Inpatient Days	27,117
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-1,965,187	-939,335	-129,182	-58,754	Medicaid Paid Claims	33,780
9. Total Cost	94,338,461	45,092,585	6,201,378	2,820,462	Property Rate Allowance	0.80
10. Charges	\$416,456,512	\$283,200,641	\$22,017,892	13,328,873	First Semester in effect:	2011/07
11. Fixed Costs	12,018,467.00		635,411.62		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	2,042.57	100.41		1,405.25	155.07	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	870.61	78.98	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI	0.8887
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,546.25	163.27		

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,201,377.60	2,820,462.27
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 635,411.62	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,565,965.98	2,820,462.27
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,948,496.40	3,014,303.31
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,277	33,780
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,815.23	89.23
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	889.09	81.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	889.09	81.46
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8887) for Citrus county	1,546.25	163.27
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,435.09	159.94
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,435.09	159.94
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	889.09	81.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	155.12	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,044.21	81.46
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$22,017,892.00	13,328,873.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,718.92	394.58
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,180.69	421.70
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,044.21	\$81.46
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$264.68	\$18.27
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	779.53	63.19



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102202 - 2011/07

831.18 / 56.77

Cleveland Clinic Hospital-Weston

Type of Control: Non-Profit (Other) (3)

County: Broward (6)

Fiscal Year : 1/1/2009-12/31/2009

Type of Action: Unaudited Cost Report [1]

District: 10

Hospital Classification: General

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	57,832,104	43,880,815	991,185	279,055	Total Bed Days	55,045
2. Routine	38,652,023		783,449		Total Inpatient Days	45,853
3. Special Care	9,224,045		237,300		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,012
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,207
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-1,758,355	-729,916	-33,467	-4,642	Medicaid Paid Claims	4,165
9. Total Cost	103,949,817	43,150,899	1,978,467	274,413	Property Rate Allowance	0.80
10. Charges	\$398,990,957	\$255,892,003	\$7,151,650	1,454,855	First Semester in effect:	2011/01
11. Fixed Costs	10,348,933.00		185,497.80		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,818.77		67.63	County Ceiling Base	946.66	188.05
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,882.57	198.79	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,978,467.39	274,413.18
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 185,497.80	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,792,969.59	274,413.18
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,991,526.57	304,802.24
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,012	4,165
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,967.91	73.18
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	0.00	0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,967.91	73.18
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,882.57	198.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	966.76	193.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	966.76	193.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	966.76	73.18
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	146.64	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,113.40	73.18
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$7,151,650.00	1,454,855.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,066.85	349.30
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,849.45	387.98
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,113.40	\$73.18
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$282.22	\$16.41
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	831.18	56.77



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102229 - 2011/07

2,398.78 / 132.54

Pembroke Pines Hospital

Type of Control: Government (4)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	27,532,523	47,636,287	2,562,220	2,401,790	Total Bed Days	109,865
2. Routine	24,151,730		1,642,154		Total Inpatient Days	28,373
3. Special Care	8,291,697		813,772		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,191
5. Intern-Resident	564,845		38,410		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,768
7. Malpractice					Prospective Inflation factor	1.0908102229
8. Adjustments	-763,401	-600,679	-63,762	-30,286	Medicaid Paid Claims	19,518
9. Total Cost	59,777,394	47,035,608	4,992,794	2,371,504	Property Rate Allowance	0.80
10. Charges	\$299,934,691	\$344,835,921	\$25,942,275	14,229,358	First Semester in effect:	2011/01
11. Fixed Costs	7,570,475.00		654,793.69		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,996.04	122.50	Exempt	Exempt	Exempt	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,882.57	198.79	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,992,794.37	2,371,504.16
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 654,793.69	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,338,000.68	2,371,504.16
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,731,935.48	2,586,860.98
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,191	19,518
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,159.71	132.54
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,159.71	132.54
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,159.71	132.54
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	239.08	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,398.79	132.54
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$25,942,275.00	14,229,358.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,840.38	729.04
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,915.61	795.24
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,398.79	\$132.54
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$608.03	\$29.72
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	299.62	9.31
AW	Buy Back of Medicaid Trend Adjustment	608.03	29.72
AX	Buy Back of Exemption Tier Adjustment	299.62	9.31
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,398.78	132.54



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

102229 - 2011/07

882.81 / 74.61

County Billing ONLY

Pembroke Pines Hospital

Type of Control: Government (4)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	27,532,523	47,636,287	2,562,220	2,401,790	Total Bed Days	109,865
2. Routine	24,151,730		1,642,154		Total Inpatient Days	28,373
3. Special Care	8,291,697		813,772		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,191
5. Intern-Resident	564,845		38,410		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,768
7. Malpractice					Prospective Inflation factor	1.0908102229
8. Adjustments	-763,401	-600,679	-63,762	-30,286	Medicaid Paid Claims	19,518
9. Total Cost	59,777,394	47,035,608	4,992,794	2,371,504	Property Rate Allowance	0.80
10. Charges	\$299,934,691	\$344,835,921	\$25,942,275	14,229,358	First Semester in effect:	2011/01
11. Fixed Costs	7,570,475.00		654,793.69		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,996.04		122.50	County Ceiling Base	946.66	188.05
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	923.87	93.24	Cost Report DRI Index	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,882.57	198.79	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,992,794.37	2,371,504.16
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 654,793.69	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,338,000.68	2,371,504.16
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,731,935.48	2,586,860.98
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,191	19,518
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,159.71	132.54
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	943.48	96.17
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	943.48	96.17
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,882.57	198.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	966.76	193.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	966.76	193.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	943.48	96.17
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	239.08	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,182.56	96.17
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$25,942,275.00	14,229,358.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,840.38	729.04
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,915.61	795.24
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,182.56	\$96.17
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$299.75	\$21.56
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	882.81	74.61



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102261 - 2011/07

1,910.91 / 158.11

Homestead Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	48,868,056	67,586,975	14,617,204	8,180,350	Total Bed Days	51,830
2. Routine	49,175,318		8,011,297		Total Inpatient Days	40,437
3. Special Care	16,138,342		2,425,495		Total Newborn Days	4,355
4. Newborn Routine	3,371,328		2,286,780		Medicaid Inpatient Days	7,918
5. Intern-Resident	670,743		116,545		Medicaid Newborn IP Days	939
6. Home Health					Medicare Inpatient Days	8,984
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-1,302,067	-744,375	-302,403	-90,095	Medicaid Paid Claims	42,424
9. Total Cost	116,921,720	66,842,600	27,154,918	8,090,255	Property Rate Allowance	0.80
10. Charges	\$431,579,680	\$292,848,353	\$72,375,519	32,948,132	First Semester in effect:	2011/07
11. Fixed Costs	21,172,001.00		3,550,525.27		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,364.26	169.18	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,096.06	221.33	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	27,154,917.55	8,090,255.05
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,550,525.27	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	23,604,392.28	8,090,255.05
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	25,226,644.07	8,646,271.51
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,857	42,424
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,848.22	203.81
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,848.22	203.81
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,848.22	203.81
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	320.70	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	3,168.92	203.81
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$72,375,519.00	32,948,132.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,171.56	776.64
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,733.16	830.02
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$3,168.92	\$203.81
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$803.24	\$45.70
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	454.78	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,910.91	158.11



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102261 - 2011/07

987.57 / 158.11

County Billing ONLY

Homestead Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	48,868,056	67,586,975	14,617,204	8,180,350	Total Bed Days	51,830
2. Routine	49,175,318		8,011,297		Total Inpatient Days	40,437
3. Special Care	16,138,342		2,425,495		Total Newborn Days	4,355
4. Newborn Routine	3,371,328		2,286,780		Medicaid Inpatient Days	7,918
5. Intern-Resident	670,743		116,545		Medicaid Newborn IP Days	939
6. Home Health					Medicare Inpatient Days	8,984
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-1,302,067	-744,375	-302,403	-90,095	Medicaid Paid Claims	42,424
9. Total Cost	116,921,720	66,842,600	27,154,918	8,090,255	Property Rate Allowance	0.80
10. Charges	\$431,579,680	\$292,848,353	\$72,375,519	32,948,132	First Semester in effect:	2011/07
11. Fixed Costs	21,172,001.00		3,550,525.27		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,364.26		169.18	County Ceiling Base	981.34	201.51
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	2,171.63	200.53	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	2,096.06	221.33	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	27,154,917.55	8,090,255.05
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,550,525.27	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	23,604,392.28	8,090,255.05
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	25,226,644.07	8,646,271.51
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,857	42,424
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,848.22	203.81
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	2,217.74	206.83
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,217.74	203.81
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,096.06	221.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,002.18	207.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,002.18	207.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,002.18	203.81
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	320.70	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,322.88	203.81
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$72,375,519.00	32,948,132.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,171.56	776.64
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,733.16	830.02
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,322.88	\$203.81
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$335.31	\$45.70
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	987.57	158.11



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102288 - 2011/07

1,740.33 / 77.61

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2009-6/30/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Polk (53)
 District: 6

Heart Of Florida Hospital

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	39,189,824	29,487,633	6,588,937	2,036,599	Total Bed Days	70,810
2. Routine	21,211,935		2,448,668		Total Inpatient Days	41,604
3. Special Care	5,839,753		716,494		Total Newborn Days	2,758
4. Newborn Routine	697,320		609,344		Medicaid Inpatient Days	5,062
5. Intern-Resident	0		0		Medicaid Newborn IP Days	282
6. Home Health					Medicare Inpatient Days	16,945
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0	0	0	0	Medicaid Paid Claims	28,361
9. Total Cost	66,938,832	29,487,633	10,363,443	2,036,599	Property Rate Allowance	0.80
10. Charges	\$493,776,392	\$270,473,282	\$72,388,745	19,082,229	First Semester in effect:	2011/07
11. Fixed Costs	6,881,985.00		1,008,914.69		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,006.72	82.32	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,640.38	173.21	FPLI	0.9428
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,363,443.00	2,036,599.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,008,914.69	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,354,528.31	2,036,599.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,110,551.61	2,201,194.82
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,344	28,361
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,891.94	77.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,891.94	77.61
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,891.94	77.61
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	151.04	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,042.98	77.61
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$72,388,745.00	19,082,229.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	13,545.80	672.83
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	14,640.56	727.21
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,042.98	\$77.61
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$517.84	\$17.40
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	302.65	0.00
AW	Buy Back of Medicaid Trend Adjustment	517.84	17.40
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,740.33	77.61



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102288 - 2011/07

608.03 / 60.21

County Billing ONLY

Heart Of Florida Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2009-6/30/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Polk (53)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	39,189,824	29,487,633	6,588,937	2,036,599	Total Bed Days	70,810
2. Routine	21,211,935		2,448,668		Total Inpatient Days	41,604
3. Special Care	5,839,753		716,494		Total Newborn Days	2,758
4. Newborn Routine	697,320		609,344		Medicaid Inpatient Days	5,062
5. Intern-Resident	0		0		Medicaid Newborn IP Days	282
6. Home Health					Medicare Inpatient Days	16,945
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0	0	0	0	Medicaid Paid Claims	28,361
9. Total Cost	66,938,832	29,487,633	10,363,443	2,036,599	Property Rate Allowance	0.80
10. Charges	\$493,776,392	\$270,473,282	\$72,388,745	19,082,229	First Semester in effect:	2011/07
11. Fixed Costs	6,881,985.00		1,008,914.69		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,006.72		82.32	County Ceiling Base	855.16	162.83
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	649.65	75.59	Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,640.38	173.21	FPLI	0.9428

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,363,443.00	2,036,599.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,008,914.69	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,354,528.31	2,036,599.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,110,551.61	2,201,194.82
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,344	28,361
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,891.94	77.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	663.44	77.96
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	663.44	77.61
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	1,640.38	173.21
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	873.32	167.94
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	873.32	167.94
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	663.44	77.61
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	151.04	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	814.48	77.61
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$72,388,745.00	19,082,229.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	13,545.80	672.83
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	14,640.56	727.21
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$814.48	\$77.61
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$206.45	\$17.40
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	608.03	60.21



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102300 - 2011/07

724.90 / 15.15

Kindred Hospital Central Tampa

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2009-8/31/2010
 Hospital Classification: General

Type of Action: Field Audit [3]

County: Hillsborough (29)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,228,892	55,279	111,236	0	Total Bed Days	37,230
2. Routine	13,034,934		167,534		Total Inpatient Days	19,890
3. Special Care	2,089,541		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	230
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,220
7. Malpractice					Prospective Inflation factor	1.0727272727
8. Adjustments	-439,933	-889	-4,484	0	Medicaid Paid Claims	0
9. Total Cost	26,913,434	54,390	274,286	0	Property Rate Allowance	0.80
10. Charges	\$110,818,466	\$499,599	\$1,253,330	0	First Semester in effect:	2011/07
11. Fixed Costs	5,845,639.00		66,112.76		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,038.54		0.00	County Ceiling Base	908.15	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	725.66	NA	Cost Report DRI Index	1.870
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,626.63	171.76	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	274,286.45	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 66,112.76	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	208,173.69	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	223,313.59	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	230	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	970.93	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	741.07	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	741.07	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,626.63	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	927.43	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	927.43	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	741.07	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	229.96	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	971.03	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,253,330.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,449.26	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,845.57	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$971.03	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$246.13	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	724.90	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102326 - 2011/07

773.86 / 62.56

Baptist Hospital Of Beaches

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	27,303,227	31,576,528	2,213,146	1,388,831	Total Bed Days	53,290
2. Routine	28,585,104		1,527,876		Total Inpatient Days	32,395
3. Special Care	0		0		Total Newborn Days	2,594
4. Newborn Routine	476,033		133,595		Medicaid Inpatient Days	1,935
5. Intern-Resident	0		0		Medicaid Newborn IP Days	5
6. Home Health					Medicare Inpatient Days	15,030
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-809,149	-453,302	-55,623	-19,938	Medicaid Paid Claims	13,088
9. Total Cost	55,555,215	31,123,226	3,818,994	1,368,893	Property Rate Allowance	0.80
10. Charges	\$217,036,757	\$194,084,283	\$13,116,852	6,956,610	First Semester in effect:	2011/07
11. Fixed Costs	6,432,394.00		388,748.71		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,906.85		112.80	County Ceiling Base	858.08	166.58
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	998.63	78.19	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,724.24	182.07	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,818,994.25	1,368,893.39
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 388,748.71	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,430,245.54	1,368,893.39
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,665,994.96	1,462,972.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,940	13,088
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,889.69	111.78
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,019.83	80.64
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,019.83	80.64
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	1,724.24	182.07
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	876.30	171.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	876.30	171.81
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	876.30	80.64
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	160.31	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,036.61	80.64
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$13,116,852.00	6,956,610.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,761.26	531.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,225.94	568.06
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,036.61	\$80.64
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$262.75	\$18.08
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	773.86	62.56



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102334 - 2011/07

546.94 / 50.21

Atmore Community Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,491,217	6,174,977	22,662	103,455	Total Bed Days	17,885
2. Routine	2,748,333		18,334		Total Inpatient Days	4,930
3. Special Care	1,164,124		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	31
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	0	0	0	0	Medicaid Paid Claims	1,220
9. Total Cost	6,403,674	6,174,977	40,996	103,455	Property Rate Allowance	0.80
10. Charges	\$22,654,797	\$39,619,241	\$171,652	569,263	First Semester in effect:	2011/07
11. Fixed Costs	708,224.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,234.66		90.63	County Ceiling Base	917.91	174.48
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	604.89	62.75	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,739.90	183.72	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	6,403,674.00	103,455.00
AB	Total Fixed Costs	(-) 708,224.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	5,695,450.00	103,455.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,086,879.44	110,565.12
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	4,930	1,220
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,234.66	90.63
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	617.73	64.72
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	617.73	64.72
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,739.90	183.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	937.40	179.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	937.40	179.96
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	617.73	64.72
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	114.92	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	732.65	64.72
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$22,654,797.00	569,263.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,595.29	466.61
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	4,911.11	498.68
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$732.65	\$64.72
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$185.71	\$14.51
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	546.94	50.21



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102342 - 2011/07

614.19 / 15.15

Kindred Hospital (Tampa)

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2009-8/31/2010
 Hospital Classification: General

Type of Action: Field Audit [3]

County: Hillsborough (29)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,574,954	75,272	83,579	0	Total Bed Days	26,645
2. Routine	9,145,757		135,217		Total Inpatient Days	15,056
3. Special Care	1,672,568		1,330		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	205
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0727272727
8. Adjustments	-232,983	-860	-2,515	0	Medicaid Paid Claims	0
9. Total Cost	20,160,296	74,412	217,611	0	Property Rate Allowance	0.80
10. Charges	\$100,084,247	\$791,002	\$1,051,814	0	First Semester in effect:	2011/07
11. Fixed Costs	3,614,378.00		37,984.53		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,005.40		0.00	County Ceiling Base	908.15	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	660.48	NA	Cost Report DRI Index	1.870
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,626.63	171.76	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	217,611.17	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 37,984.53	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	179,626.64	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	192,690.39	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	205	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	939.95	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	674.50	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	674.50	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,626.63	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	927.43	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	927.43	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	674.50	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	148.23	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	822.73	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,051,814.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,130.80	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,503.95	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$822.73	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$208.54	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	614.19	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

102369 - 2011/07

323.31 / 96.80

Smith Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/1994-12/31/1994
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)
 District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,769,311	1,100,264	12,317	6,031	Total Bed Days	28,835
2. Routine	2,883,756		3,272		Total Inpatient Days	14,045
3. Special Care	0		0		Total Newborn Days	149
4. Newborn Routine	63,556		2,986		Medicaid Inpatient Days	17
5. Intern-Resident	0		0		Medicaid Newborn IP Days	7
6. Home Health	0				Medicare Inpatient Days	5,280
7. Malpractice					Prospective Inflation factor	1.9122974261
8. Adjustments	0	0	0	0	Medicaid Paid Claims	79
9. Total Cost	5,716,623	1,100,264	18,575	6,031	Property Rate Allowance	0.80
10. Charges	\$10,982,224	\$2,839,799	\$14,675	11,402	First Semester in effect:	1995/07
11. Fixed Costs	605,013.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	688.67		145.99	County Ceiling Base	917.91	174.48
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	390.69	120.98	Cost Report DRI Index	1.049
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,739.90	183.72	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	5,716,623.00	6,031.00
AB	Total Fixed Costs	(-) 605,013.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	5,111,610.00	6,031.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,774,918.65	11,533.07
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	14,194	79
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	688.67	145.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	398.98	124.78
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	398.98	124.78
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,739.90	183.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	937.40	179.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	937.40	179.96
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	398.98	124.78
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	34.10	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	433.08	124.78
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$10,982,224.00	11,402.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	773.72	144.33
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	1,479.59	276.00
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$433.08	\$124.78
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$109.77	\$27.98
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	323.31	96.80

Cost Report: First entered into system: 5/26/1995 Last Updated: 5/26/1995



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102407 - 2011/07

592.38 / 15.15

St. John'S Rehabilitation Hospital

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,104,859	404,740	42,356	0	Total Bed Days	9,490
2. Routine	5,406,045		105,956		Total Inpatient Days	6,990
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	137
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,332
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-127,755	-4,919	-1,803	0	Medicaid Paid Claims	0
9. Total Cost	10,383,149	399,821	146,509	0	Property Rate Allowance	0.80
10. Charges	\$24,427,518	\$1,188,975	\$329,927	0	First Semester in effect:	2011/07
11. Fixed Costs	951,972.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,332.69		0.00	County Ceiling Base	946.66	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	670.34	NA	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,882.57	198.79	FPLI	1.0820

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	10,383,149.41	
AB	Total Fixed Costs	(-) 951,972.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	9,431,177.41	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,079,351.03	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	6,990	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,441.97	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	684.57	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	684.57	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,882.57	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	966.76	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	966.76	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	684.57	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	108.95	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	793.52	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$24,427,518.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,494.64	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,734.81	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$793.52	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$201.14	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	592.38	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102474 - 2011/07

566.27 / 15.15

South Baldwin Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/1994-9/30/1995

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,868,885	5,636,580	241,995	0	Total Bed Days	31,390
2. Routine	5,107,846		225,019		Total Inpatient Days	17,535
3. Special Care	1,254,569		20,300		Total Newborn Days	727
4. Newborn Routine	134,013		9,464		Medicaid Inpatient Days	799
5. Intern-Resident	0		0		Medicaid Newborn IP Days	10
6. Home Health	0				Medicare Inpatient Days	10,561
7. Malpractice					Prospective Inflation factor	1.8608534323
8. Adjustments	0	0	0	0	Medicaid Paid Claims	20
9. Total Cost	12,365,313	5,636,580	496,778	0	Property Rate Allowance	0.80
10. Charges	\$20,516,190	\$13,901,052	\$847,097	0	First Semester in effect:	1996/07
11. Fixed Costs	847,729.00		35,002.05		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,062.17		0.00	County Ceiling Base	917.91	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	708.88	NA	Cost Report DRI Index	1.078
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,739.90	183.72	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	496,778.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 35,002.05	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	461,775.95	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	859,297.36	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	809	20
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,062.17	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	723.93	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	723.93	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,739.90	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	937.40	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	937.40	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	723.93	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	34.61	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	758.54	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$847,097.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,047.09	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,948.48	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$758.54	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$192.27	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	566.27	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate

Cost Report: First entered into system: 5/6/1996 Last Updated: 6/12/1996



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102521 - 2011/07

2,000.97 / 159.92

Memorial Hosp. - West

Type of Control: Government (4)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	92,810,159	108,018,065	10,153,533	7,879,306	Total Bed Days	110,960
2. Routine	61,470,038		5,926,955		Total Inpatient Days	87,594
3. Special Care	15,225,391		920,880		Total Newborn Days	14,028
4. Newborn Routine	5,598,338		1,638,869		Medicaid Inpatient Days	8,499
5. Intern-Resident	1,316,281		126,900		Medicaid Newborn IP Days	1,120
6. Home Health					Medicare Inpatient Days	23,624
7. Malpractice					Prospective Inflation factor	1.0908102229
8. Adjustments	-3,252,343	-1,991,335	-345,976	-145,257	Medicaid Paid Claims	52,755
9. Total Cost	173,167,864	106,026,730	18,421,161	7,734,049	Property Rate Allowance	0.80
10. Charges	\$917,661,927	\$787,173,063	\$94,106,866	42,194,854	First Semester in effect:	2011/01
11. Fixed Costs	28,389,713.00		2,911,384.73		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,625.54	147.80	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,882.57	198.79	FPLI	1.0820
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	18,421,160.97	7,734,049.37
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,911,384.73	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	15,509,776.24	7,734,049.37
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	16,918,222.48	8,436,380.12
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,619	52,755
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,758.83	159.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,758.83	159.92
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,758.83	159.92
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	242.14	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,000.97	159.92
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$94,106,866.00	42,194,854.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,783.44	799.83
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,671.88	872.46
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,000.97	\$159.92
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$507.19	\$35.86
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	507.19	35.86
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,000.97	159.92



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102521 - 2011/07

902.48 / 90.64

County Billing ONLY

Memorial Hosp. - West

Type of Control: Government (4)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	92,810,159	108,018,065	10,153,533	7,879,306	Total Bed Days	110,960
2. Routine	61,470,038		5,926,955		Total Inpatient Days	87,594
3. Special Care	15,225,391		920,880		Total Newborn Days	14,028
4. Newborn Routine	5,598,338		1,638,869		Medicaid Inpatient Days	8,499
5. Intern-Resident	1,316,281		126,900		Medicaid Newborn IP Days	1,120
6. Home Health					Medicare Inpatient Days	23,624
7. Malpractice					Prospective Inflation factor	1.0908102229
8. Adjustments	-3,252,343	-1,991,335	-345,976	-145,257	Medicaid Paid Claims	52,755
9. Total Cost	173,167,864	106,026,730	18,421,161	7,734,049	Property Rate Allowance	0.80
10. Charges	\$917,661,927	\$787,173,063	\$94,106,866	42,194,854	First Semester in effect:	2011/01
11. Fixed Costs	28,389,713.00		2,911,384.73		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,625.54		147.80	946.66	188.05	113.28
2. Base Rate Semester	2011/01	2011/01	998.04	1739.90	183.72	Cost Report DRI Index	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	1,882.57	198.79	198.79	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397				FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	18,421,160.97	7,734,049.37
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,911,384.73	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	15,509,776.24	7,734,049.37
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	16,918,222.48	8,436,380.12
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,619	52,755
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,758.83	159.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,019.23	116.84
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,019.23	116.84
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,882.57	198.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	966.76	193.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	966.76	193.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	966.76	116.84
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	242.14	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,208.90	116.84
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$94,106,866.00	42,194,854.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,783.44	799.83
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,671.88	872.46
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,208.90	\$116.84
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$306.42	\$26.20
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	902.48	90.64



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102539 - 2011/07

781.29 / 45.86

Englewood Community Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	11,970,087	12,178,624	326,158	625,913	Total Bed Days	36,500
2. Routine	10,535,158		226,715		Total Inpatient Days	12,995
3. Special Care	2,084,704		87,283		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	317
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,588
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-324,162	-160,547	-8,439	-8,251	Medicaid Paid Claims	4,726
9. Total Cost	24,265,787	12,018,077	631,717	617,662	Property Rate Allowance	0.80
10. Charges	\$139,162,109	\$101,516,953	\$3,409,184	5,478,062	First Semester in effect:	2011/01
11. Fixed Costs	3,941,389.00		96,555.88		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,906.43		147.59	County Ceiling Base	920.12	167.70
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	786.20	57.32	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,711.37	180.71	FPLI	0.9836

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	631,717.02	617,661.78
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 96,555.88	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	535,161.14	617,661.78
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	594,425.94	686,062.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	317	4,726
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,875.16	145.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	802.89	59.12
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	802.89	59.12
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county	1,711.37	180.71
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	939.66	172.97
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	939.66	172.97
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	802.89	59.12
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	243.67	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,046.56	59.12
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$3,409,184.00	5,478,062.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,754.52	1,159.13
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,945.50	1,287.49
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,046.56	\$59.12
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$265.27	\$13.26
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	781.29	45.86



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102555 - 2011/07

669.60 / 55.95

Southeast Georgia Medical Center

Type of Control: Government (4)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	58,033,527	51,461,127	4,164,305	7,564	Total Bed Days	115,340
2. Routine	29,189,214		2,523,270		Total Inpatient Days	56,205
3. Special Care	7,315,996		469,750		Total Newborn Days	3,372
4. Newborn Routine	2,153,977		206,326		Medicaid Inpatient Days	4,978
5. Intern-Resident	0		0		Medicaid Newborn IP Days	323
6. Home Health					Medicare Inpatient Days	25,575
7. Malpractice					Prospective Inflation factor	1.0908102229
8. Adjustments	0	0	0	0	Medicaid Paid Claims	113
9. Total Cost	96,692,714	51,461,127	7,363,651	7,564	Property Rate Allowance	0.80
10. Charges	\$268,135,034	\$205,214,093	\$20,742,601	26,511	First Semester in effect:	2011/01
11. Fixed Costs	13,138,604.00		1,016,386.47		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,306.10		73.02	County Ceiling Base	917.91	174.48
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	728.10	69.92	Cost Report DRI Index	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,739.90	183.72	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,363,651.00	7,564.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,016,386.47	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,347,264.53	7,564.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,923,661.04	8,250.89
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,301	113
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,306.10	73.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	743.56	72.12
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	743.56	72.12
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,739.90	183.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	937.40	179.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	937.40	179.96
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	743.56	72.12
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	153.39	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	896.95	72.12
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$20,742,601.00	26,511.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,912.96	234.61
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,268.30	255.91
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$896.95	\$72.12
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$227.35	\$16.17
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	669.60	55.95



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102598 - 2011/07

808.56 / 88.86

Edward White Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	19,076,910	12,803,509	1,361,585	332,106	Total Bed Days	38,910
2. Routine	10,052,166		707,295		Total Inpatient Days	16,514
3. Special Care	3,274,884		355,061		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,287
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,013
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-497,663	-196,637	-37,227	-5,101	Medicaid Paid Claims	3,132
9. Total Cost	31,906,297	12,606,872	2,386,714	327,005	Property Rate Allowance	0.80
10. Charges	\$196,273,488	\$99,968,531	\$12,360,098	3,514,317	First Semester in effect:	2011/01
11. Fixed Costs	4,025,925.00		253,528.01		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,945.72		122.56	County Ceiling Base	906.27	164.03
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	975.93	111.06	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,646.29	173.84	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,386,713.92	327,005.49
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 253,528.01	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,133,185.91	327,005.49
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,369,419.12	363,218.72
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,287	3,132
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,841.04	115.97
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	996.65	114.55
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	996.65	114.55
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,646.29	173.84
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	925.51	169.18
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	925.51	169.18
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	925.51	114.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	157.59	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,083.10	114.55
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$12,360,098.00	3,514,317.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,603.81	1,122.07
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,667.35	1,246.33
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,083.10	\$114.55
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$274.54	\$25.69
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	808.56	88.86



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102601 - 2011/07

6,087.70 / 108.74

Florida Hospital Wauchula

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hardee (25)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,801,912	8,065,841	22,608	1,513,319	Total Bed Days	9,125
2. Routine	654,974		11,741		Total Inpatient Days	577
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	23
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	426
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-59,617	-139,101	-592	-26,098	Medicaid Paid Claims	14,343
9. Total Cost	3,397,269	7,926,740	33,757	1,487,221	Property Rate Allowance	1.00
10. Charges	\$18,890,048	\$34,343,058	\$148,995	7,534,131	First Semester in effect:	2011/01
11. Fixed Costs	869,126.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	4,972.67		117.68	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,702.84	179.81	FPLI	0.9787

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	3,397,269.43	1,487,220.69
AB	Total Fixed Costs	(-) 869,126.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	2,528,143.43	1,487,220.69
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,808,115.02	1,651,918.44
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	577	14,343
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	4,866.75	115.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	4,866.75	115.17
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9787) for Hardee county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	4,866.75	115.17
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	1,506.28	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	6,373.03	115.17
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$18,890,048.00	7,534,131.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	32,738.38	525.28
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	36,363.90	583.45
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$6,373.03	\$115.17
AU	Medicaid Trend Adjustment IP% : 14.597 OP% : 11.321	\$930.24	\$13.04
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	644.91	6.61
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	6,087.70	108.74



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

102610 - 2011/07

609.83 / 15.15

A.G. Holley State Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: Specialized: Tuberculosis

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	945,639	0	170,892	0	Total Bed Days	36,500
2. Routine	9,929,562		1,794,440		Total Inpatient Days	12,622
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,281
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	587
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	10,875,201	0	1,965,332	0	Property Rate Allowance	0.80
10. Charges	\$10,875,201	\$0	\$1,965,332	0	First Semester in effect:	2011/07
11. Fixed Costs	318,102.00		57,486.39		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	881.87		0.00	County Ceiling Base	Exempt	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	NA	Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,783.57	188.33	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,965,332.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 57,486.39	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,907,845.61	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,062,035.72	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,281	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	904.01	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	904.01	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	904.01	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	20.16	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	924.17	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,965,332.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	861.61	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	931.24	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$924.17	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$234.25	\$4.38
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	80.09	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	609.83	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102610 - 2011/07

447.21 / 15.15

County Billing ONLY

A.G. Holley State Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: Specialized: Tuberculosis

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	945,639	0	170,892	0	Total Bed Days	36,500
2. Routine	9,929,562		1,794,440		Total Inpatient Days	12,622
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,281
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	587
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	10,875,201	0	1,965,332	0	Property Rate Allowance	0.80
10. Charges	\$10,875,201	\$0	\$1,965,332	0	First Semester in effect:	2011/07
11. Fixed Costs	318,102.00		57,486.39		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	881.87		0.00	County Ceiling Base	Exempt	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	566.86	NA	Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,783.57	188.33	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,965,332.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 57,486.39	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,907,845.61	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,062,035.72	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,281	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	904.01	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	578.90	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	578.90	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	578.90	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	20.16	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	599.06	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,965,332.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	861.61	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	931.24	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$599.06	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$151.85	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	447.21	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102679 - 2011/07

601.57 / 130.11

Kindred Hosp. - North Fla

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2009-8/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Clay (10)
 District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	13,626,004	141,808	27,524	7,446	Total Bed Days	29,200
2. Routine	13,186,989		18,875		Total Inpatient Days	21,699
3. Special Care	2,407,374		9,012		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	36
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,069
7. Malpractice					Prospective Inflation factor	1.0727272727
8. Adjustments	-454,760	-2,207	-862	-116	Medicaid Paid Claims	4
9. Total Cost	28,765,607	139,601	54,549	7,330	Property Rate Allowance	0.80
10. Charges	\$123,287,032	\$1,286,609	\$238,587	4,781	First Semester in effect:	2011/07
11. Fixed Costs	5,759,622.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,245.85		2,153.37	County Ceiling Base	850.47	162.90
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	581.14	Exempt	Cost Report DRI Index	1.870
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,588.35	167.72	FPLI	0.9129

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	28,765,606.97	7,330.12
AB	Total Fixed Costs	(-) 5,759,622.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	23,005,984.97	7,330.12
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	24,679,147.51	7,863.22
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	21,699	4
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,137.34	1,965.81
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	593.48	0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	593.48	1,965.81
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9129) for Clay county	1,588.35	167.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	868.53	168.01
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	868.53	167.72
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	593.48	167.72
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	212.35	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	805.83	167.72
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$123,287,032.00	4,781.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,681.69	1,195.25
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	6,094.91	1,282.18
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$805.83	\$167.72
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$204.26	\$37.61
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	601.57	130.11



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102687 - 2011/07

423.25 / 15.15

HealthSouth Rehab - Dothan

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2002-12/31/2002
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)
 District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,400,235	223,259	15,685	0	Total Bed Days	12,410
2. Routine	3,227,887		9,734		Total Inpatient Days	11,937
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	36
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,885
7. Malpractice					Prospective Inflation factor	1.4981329350
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	5,628,122	223,259	25,419	0	Property Rate Allowance	0.80
10. Charges	\$14,583,879	\$1,356,996	\$157,333	0	First Semester in effect:	2004/01
11. Fixed Costs	270,811.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	672.36		0.00	County Ceiling Base	917.91	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	537.40	NA	Cost Report DRI Index	1.339
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,739.90	183.72	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	5,628,122.00	
AB	Total Fixed Costs	(-) 270,811.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	5,357,311.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,025,964.05	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	11,937	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	672.36	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	548.81	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	548.81	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,739.90	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	937.40	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	937.40	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	548.81	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	18.15	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	566.96	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$14,583,879.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,221.74	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	1,830.32	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$566.96	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$143.71	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	423.25	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102709 - 2011/07

387.41 / 42.91

HealthSouth Rehabilitation Hospital - Miami

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,423,145	510,302	397,347	76,299	Total Bed Days	21,900
2. Routine	9,742,552		640,956		Total Inpatient Days	15,048
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	990
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,570
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-242,723	-7,662	-15,590	-1,146	Medicaid Paid Claims	859
9. Total Cost	15,922,974	502,640	1,022,713	75,153	Property Rate Allowance	0.80
10. Charges	\$23,752,906	\$1,886,431	\$1,573,162	154,203	First Semester in effect:	2011/01
11. Fixed Costs	1,126,668.00		74,619.56		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	882.98		80.67	County Ceiling Base	981.34	201.51
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	449.11	53.63	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	2,096.06	221.33	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,022,713.20	75,153.39
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 74,619.56	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	948,093.64	75,153.39
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,053,087.40	83,476.02
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	990	859
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,063.72	97.18
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	458.65	55.31
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	458.65	55.31
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,096.06	221.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,002.18	207.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,002.18	207.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	458.65	55.31
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	60.30	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	518.95	55.31
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,573,162.00	154,203.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,589.05	179.51
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,765.02	199.39
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$518.95	\$55.31
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$131.54	\$12.40
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	387.41	42.91



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102717 - 2011/07

613.79 / 54.56

Brooks Rehabilitation Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	24,946,877	7,890,923	1,155,571	1,287,019	Total Bed Days	52,195
2. Routine	29,093,057		1,825,513		Total Inpatient Days	41,659
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,614
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	25,399
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-739,737	-108,016	-40,807	-17,618	Medicaid Paid Claims	18,389
9. Total Cost	53,300,197	7,782,907	2,940,277	1,269,401	Property Rate Allowance	0.80
10. Charges	\$98,663,462	\$31,200,017	\$5,998,723	2,680,406	First Semester in effect:	2011/01
11. Fixed Costs	6,910,210.00		420,139.68		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,080.59		77.38	County Ceiling Base	858.08	166.58
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	679.20	68.19	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,724.24	182.07	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,940,276.83	1,269,401.38
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 420,139.68	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,520,137.15	1,269,401.38
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,799,222.10	1,409,977.39
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,614	18,389
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,070.86	76.68
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	693.62	70.33
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	693.62	70.33
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	1,724.24	182.07
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	876.30	171.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	876.30	171.81
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	693.62	70.33
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	128.58	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	822.20	70.33
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$5,998,723.00	2,680,406.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,294.84	145.76
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,548.98	161.90
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$822.20	\$70.33
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$208.41	\$15.77
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	613.79	54.56



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102750 - 2011/07

410.67 / 42.67

Healthsouth Emerald Coast Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Bay (3)
 District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,059,272	812,351	315,289	68,069	Total Bed Days	27,375
2. Routine	7,359,014		337,110		Total Inpatient Days	17,136
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	785
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,558
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-246,320	-13,878	-11,145	-1,163	Medicaid Paid Claims	508
9. Total Cost	14,171,966	798,473	641,254	66,906	Property Rate Allowance	0.80
10. Charges	\$29,548,727	\$3,402,177	\$1,448,567	180,613	First Semester in effect:	2011/01
11. Fixed Costs	1,101,985.00		54,022.60		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	927.46		163.29	County Ceiling Base	894.77	150.35
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	484.77	53.33	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,558.78	164.59	FPLI	0.8959

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	641,253.51	66,906.12
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 54,022.60	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	587,230.91	66,906.12
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	652,262.02	74,315.44
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	785	508
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	830.91	146.29
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	495.06	55.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	495.06	55.00
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county	1,558.78	164.59
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	913.77	155.07
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	913.77	155.07
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	495.06	55.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	55.05	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	550.11	55.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,448,567.00	180,613.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,845.31	355.54
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,049.66	394.91
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$550.11	\$55.00
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$139.44	\$12.33
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	410.67	42.67



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102768 - 2011/07

622.85 / 15.15

Kindred Hospital-St. Petersburg

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2009-8/31/2010
 Hospital Classification: General

Type of Action: Field Audit [3]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	11,564,604	135,724	22,581	0	Total Bed Days	29,930
2. Routine	10,276,960		33,536		Total Inpatient Days	16,976
3. Special Care	2,971,961		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	47
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0727272727
8. Adjustments	-355,910	-1,947	-805	0	Medicaid Paid Claims	0
9. Total Cost	24,457,615	133,777	55,312	0	Property Rate Allowance	0.80
10. Charges	\$126,044,419	\$1,476,854	\$204,343	0	First Semester in effect:	2011/07
11. Fixed Costs	4,732,677.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,317.30		0.00	County Ceiling Base	906.27	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	598.59	NA	Cost Report DRI Index	1.870
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,646.29	173.84	FPLI	0.9462

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	24,457,614.74	
AB	Total Fixed Costs	(-) 4,732,677.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	19,724,937.74	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	21,159,478.67	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	16,976	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,246.43	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	611.30	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	611.30	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,646.29	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	925.51	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	925.51	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	611.30	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	223.03	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	834.33	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$126,044,419.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,424.86	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	7,964.85	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$834.33	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$211.48	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	622.85	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

102776 - 2011/07

1,305.75 / 15.15

Douglas Gardens Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,478,812	8,146,762	0	0	Total Bed Days	11,680
2. Routine	3,644,245		0		Total Inpatient Days	2,160
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	0
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	965
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	-34,521	-25,284	0	0	Medicaid Paid Claims	0
9. Total Cost	11,088,536	8,121,478	0	0	Property Rate Allowance	0.80
10. Charges	\$28,141,792	\$7,071,021	\$0	0	First Semester in effect:	2011/07
11. Fixed Costs	2,016,696.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	3,768.04		0.00	County Ceiling Base	981.34	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,167.61	NA	Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	2,096.06	221.33	FPLI	1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	11,088,535.95	
AB	Total Fixed Costs	(-) 2,016,696.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	9,071,839.95	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,805,016.67	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	2,160	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	4,539.36	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,192.40	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,192.40	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,096.06	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,002.18	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,002.18	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,002.18	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	746.92	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,749.10	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$28,141,792.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	13,028.61	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	14,081.57	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$1,749.10	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$443.35	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,305.75	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

103144 - 2011/07

1,643.92 / 121.27

Physicians Regional Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Collier (11)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	45,751,382	43,276,657	4,128,166	3,755,027	Total Bed Days	72,807
2. Routine	32,127,284		2,631,782		Total Inpatient Days	33,600
3. Special Care	6,378,251		1,590,389		Total Newborn Days	953
4. Newborn Routine	66,015		33,111		Medicaid Inpatient Days	4,186
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,571
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	0	0	0	0	Medicaid Paid Claims	34,151
9. Total Cost	84,322,932	43,276,657	8,383,448	3,755,027	Property Rate Allowance	0.80
10. Charges	\$350,925,232	\$249,320,052	\$34,479,082	20,718,647	First Semester in effect:	2011/01
11. Fixed Costs	15,949,326.00		1,567,052.09		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,807.44	122.04	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,741.12	183.85	FPLI	1.0007
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,383,448.00	3,755,027.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,567,052.09	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,816,395.91	3,755,027.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,571,257.03	4,170,866.09
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,186	34,151
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,808.71	122.13
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,808.71	122.13
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0007) for Collier county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL) * Partial Exemption: IP% : 42.88 OP% : 42.88	1,344.44	121.27
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	299.48	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,643.92	121.27
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$34,479,082.00	20,718,647.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,236.76	606.68
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,148.92	673.86
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,643.92	\$121.27
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$416.68	\$27.19
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	416.68	27.19
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,643.92	121.27



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

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103144 - 2011/07

967.05 / 93.58

County Billing ONLY

Physicians Regional Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

County: Collier (11)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	45,751,382	43,276,657	4,128,166	3,755,027	Total Bed Days	72,807
2. Routine	32,127,284		2,631,782		Total Inpatient Days	33,600
3. Special Care	6,378,251		1,590,389		Total Newborn Days	953
4. Newborn Routine	66,015		33,111		Medicaid Inpatient Days	4,186
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,571
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	0	0	0	0	Medicaid Paid Claims	34,151
9. Total Cost	84,322,932	43,276,657	8,383,448	3,755,027	Property Rate Allowance	0.80
10. Charges	\$350,925,232	\$249,320,052	\$34,479,082	20,718,647	First Semester in effect:	2011/01
11. Fixed Costs	15,949,326.00		1,567,052.09		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)		
	1. Normalized Rate	1,807.44		122.04	975.21	167.80	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,172.18	116.96	Cost Report DRI Index	1.806	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,741.12	183.85	FPLI	1.0007	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,383,448.00	3,755,027.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,567,052.09	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,816,395.91	3,755,027.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,571,257.03	4,170,866.09
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,186	34,151
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,808.71	122.13
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,197.07	120.63
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,197.07	120.63
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0007) for Collier county	1,741.12	183.85
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	995.92	173.07
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	995.92	173.07
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	995.92	120.63
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	299.48	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,295.40	120.63
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$34,479,082.00	20,718,647.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,236.76	606.68
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,148.92	673.86
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,295.40	\$120.63
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$328.35	\$27.05
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	967.05	93.58



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

103179 - 2011/07

1,163.79 / 88.74

The Villages Regional Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sumter (60)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,893,109	26,086,594	867,040	881,255	Total Bed Days	70,080
2. Routine	22,974,878		631,094		Total Inpatient Days	35,156
3. Special Care	6,008,061		167,752		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	996
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	25,245
7. Malpractice					Prospective Inflation factor	1.1238095238
8. Adjustments	-776,635	-344,109	-21,975	-11,625	Medicaid Paid Claims	8,391
9. Total Cost	58,099,414	25,742,486	1,643,911	869,630	Property Rate Allowance	0.80
10. Charges	\$196,204,265	\$122,094,376	\$10,035,494	4,844,740	First Semester in effect:	2010/07
11. Fixed Costs	12,122,545.00		620,046.30		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,334.01	134.49	1,360.02	150.07	2,006.0	Cost Report DRI Index	1.785
2. Base Rate Semester	2011/01	2011/01	1,038.85	110.91	2008	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90	183.72	0.8660	FPLI	0.8660
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	1,506.75	159.10			

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,643,911.28	869,630.36
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 620,046.30	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,023,864.98	869,630.36
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,150,629.22	977,298.88
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	996	8,391
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,155.25	116.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,060.91	114.39
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,060.91	114.39
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8660) for Sumter county	1,506.75	159.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,388.90	154.78
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,388.90	154.78
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,060.91	114.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	498.03	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,558.94	114.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$10,035,494.00	4,844,740.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,075.80	577.37
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,323.28	648.85
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,558.94	\$114.39
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$395.15	\$25.65
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,163.79	88.74



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

103209 - 2011/07

898.79 / 108.14

Wuesthoff Medical Center Melbourne

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	22,031,499	30,910,486	2,789,906	1,301,625	Total Bed Days	41,975
2. Routine	16,763,583		1,287,869		Total Inpatient Days	24,344
3. Special Care	4,267,973		327,410		Total Newborn Days	1,156
4. Newborn Routine	297,769		143,220		Medicaid Inpatient Days	1,897
5. Intern-Resident	0		0		Medicaid Newborn IP Days	5
6. Home Health					Medicare Inpatient Days	10,387
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-683,648	-487,350	-71,712	-20,522	Medicaid Paid Claims	9,822
9. Total Cost	42,677,176	30,423,136	4,476,693	1,281,103	Property Rate Allowance	0.80
10. Charges	\$117,445,039	\$132,155,702	\$9,417,839	6,035,867	First Semester in effect:	2011/07
11. Fixed Costs	7,469,614.00		598,983.34		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,337.84		149.57	County Ceiling Base	932.23	167.05
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,513.35	146.29	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,621.59	171.23	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,476,692.61	1,281,102.94
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 598,983.34	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,877,709.27	1,281,102.94
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,144,211.40	1,369,148.91
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,902	9,822
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,178.87	139.40
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,545.48	150.88
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,545.48	139.40
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	1,621.59	171.23
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	952.02	172.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	952.02	171.23
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	952.02	139.40
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	251.94	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,203.96	139.40
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$9,417,839.00	6,035,867.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,951.55	614.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,291.85	656.76
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,203.96	\$139.40
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$305.17	\$31.26
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	898.79	108.14



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

103233 - 2011/07

3,039.52 / 122.23

Sacred Heart Hospital on the Emerald Coast

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: Rural

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Walton (66)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	14,760,375	36,864,610	1,500,630	2,248,970	Total Bed Days	20,075
2. Routine	14,595,983		2,792,025		Total Inpatient Days	13,752
3. Special Care	3,952,661		263,210		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,568
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,906
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0	0	0	0	Medicaid Paid Claims	18,956
9. Total Cost	33,309,019	36,864,610	4,555,865	2,248,970	Property Rate Allowance	1.00
10. Charges	\$142,675,384	\$207,276,336	\$13,573,736	15,130,075	First Semester in effect:	2011/07
11. Fixed Costs	9,781,471.00		930,581.73		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,801.14		143.74	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,552.16	163.90	FPLI	0.8921

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,555,865.00	2,248,970.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 930,581.73	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,625,283.27	2,248,970.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,918,274.92	2,430,729.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,568	18,956
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,498.90	128.23
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,498.90	128.23
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8921) for Walton county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,498.90	128.23
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	593.48	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	3,092.38	128.23
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$13,573,736.00	15,130,075.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,656.72	798.17
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,356.35	862.68
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$3,092.38	\$128.23
AU	Medicaid Trend Adjustment IP% : 10.980 OP% : 9.290	\$339.56	\$11.91
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	286.70	5.91
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	3,039.52	122.23



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

103284 - 2011/07

638.73 / 15.15

Sister Emmanuel Hospital

Type of Control: Non-Profit (Church) (2)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,516,055	0	75,493	0	Total Bed Days	10,585
2. Routine	6,407,616		235,830		Total Inpatient Days	9,401
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	346
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,738
7. Malpractice					Prospective Inflation factor	1.0602536998
8. Adjustments	-160,909	0	-4,586	0	Medicaid Paid Claims	0
9. Total Cost	10,762,762	0	306,737	0	Property Rate Allowance	0.80
10. Charges	\$59,619,132	\$0	\$1,080,970	0	First Semester in effect:	2011/07
11. Fixed Costs	700,282.00		12,697.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	747.93		0.00	County Ceiling Base	981.34	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	809.06	NA	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	2,096.06	221.33	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	306,737.12	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 12,697.00	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	294,040.12	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	311,757.13	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	346	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	901.03	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	826.24	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	826.24	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,096.06	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,002.18	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,002.18	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	826.24	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	29.36	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	855.60	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,080,970.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,124.19	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,312.43	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$855.60	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$216.87	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	638.73	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

103373 - 2011/07

819.94 / 15.15

Select Specialty Hospital Miami

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2008-8/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,678,996	0	75,052	0	Total Bed Days	17,155
2. Routine	9,198,304		78,000		Total Inpatient Days	15,920
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	135
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,908
7. Malpractice					Prospective Inflation factor	1.1231802912
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	17,877,300	0	153,052	0	Property Rate Allowance	0.80
10. Charges	\$52,626,631	\$0	\$582,110	0	First Semester in effect:	2007/07
11. Fixed Costs	1,913,525.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	934.90		0.00	County Ceiling Base	981.34	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,015.23	NA	Cost Report DRI Index	1.786
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	2,096.06	221.33	FPLI	1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	17,877,300.00	
AB	Total Fixed Costs	(-) 1,913,525.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	15,963,775.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	17,930,197.45	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	15,920	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,126.27	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,036.78	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,036.78	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,096.06	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,002.18	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,002.18	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,002.18	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	96.16	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,098.34	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$52,626,631.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,305.69	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,712.89	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$1,098.34	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$278.40	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	819.94	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

103390 - 2011/07

735.62 / 15.15

Select Specialty Hospital - Orlando

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Field Audit [3]

County: Orange (48)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,005,913	0	0	0	Total Bed Days	27,375
2. Routine	16,397,614		0		Total Inpatient Days	21,123
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	299
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,223
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	31,403,527	0	0	0	Property Rate Allowance	0.80
10. Charges	\$88,997,358	\$0	\$0	0	First Semester in effect:	2011/01
11. Fixed Costs	5,184,094.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)			OP (F)			IP (G)		OP (G)		Inflation/FPLI Data (H)	
	2011/01	2011/01		1991/01	1993/01		1,420.14	NA	1,739.90	183.72	Semester DRI Index	2.0060
1. Normalized Rate	0.00	0.00	County Ceiling Base			1,420.14	NA	Cost Report DRI Index			1.806	
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base			964.90	NA	FPLI Year Used			2008	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling			1,739.90	183.72	FPLI			0.9795	
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling			1,704.23	179.95					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	0.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 0.00	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	0.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	0.00	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	299	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	0.00	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	985.39	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	985.39	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county	1,704.23	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,450.29	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,450.29	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	985.39	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	985.39	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$0.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$985.39	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$249.77	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	735.62	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

103411 - 2011/07

797.62 / 139.61

Charlton Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	707,221	4,938,662	10,024	157,226	Total Bed Days	5,475
2. Routine	2,082,997		15,738		Total Inpatient Days	2,874
3. Special Care	788,384		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	24
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,979
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0	0	0	0	Medicaid Paid Claims	128
9. Total Cost	3,578,602	4,938,662	25,762	157,226	Property Rate Allowance	0.80
10. Charges	\$3,680,898	\$14,924,118	\$44,724	308,303	First Semester in effect:	2004/01
11. Fixed Costs	470,771.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,168.76		1,327.60	County Ceiling Base	917.91	174.48
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,425.83	1,260.41	Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,739.90	183.72	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	3,578,602.00	157,226.00
AB	Total Fixed Costs	(-) 470,771.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	3,107,831.00	157,226.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,359,002.69	169,932.84
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	2,874	128
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,168.76	1,327.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,456.10	1,299.98
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,168.76	1,299.98
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,739.90	183.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	937.40	179.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	937.40	179.96
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	937.40	179.96
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	131.04	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,068.44	179.96
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$3,680,898.00	308,303.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,280.76	2,408.62
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	1,384.27	2,603.28
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,068.44	\$179.96
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$270.82	\$40.35
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	797.62	139.61



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

103420 - 2011/07

941.28 / 92.56

Lakewood Ranch Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Manatee (41)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,173,199	17,388,392	766,722	573,215	Total Bed Days	43,800
2. Routine	13,671,747		838,007		Total Inpatient Days	14,246
3. Special Care	3,598,887		120,876		Total Newborn Days	1,366
4. Newborn Routine	618,219		157,498		Medicaid Inpatient Days	895
5. Intern-Resident	0		0		Medicaid Newborn IP Days	39
6. Home Health					Medicare Inpatient Days	5,957
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	0	0	0	0	Medicaid Paid Claims	4,948
9. Total Cost	34,062,052	17,388,392	1,883,103	573,215	Property Rate Allowance	0.80
10. Charges	\$109,877,911	\$90,404,186	\$4,949,951	2,631,509	First Semester in effect:	2011/01
11. Fixed Costs	8,122,880.00		365,932.13		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,857.77		132.50	927.75	162.04	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,689.93	115.69	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,689.79	178.43	FPLI	0.9712

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,883,103.00	573,215.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 365,932.13	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,517,170.87	573,215.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,685,185.36	636,693.96
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	934	4,948
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,804.27	128.68
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,725.81	119.32
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,725.81	119.32
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9712) for Manatee county	1,689.79	178.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	947.45	167.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	947.45	167.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	947.45	119.32
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	313.43	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,260.88	119.32
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$4,949,951.00	2,631,509.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,299.73	531.83
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,886.63	590.73
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,260.88	\$119.32
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$319.60	\$26.76
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	941.28	92.56



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

103438 - 2011/07

715.20 / 15.15

Select Specialty Hospital Panama City

Type of Control: Proprietary(1)
 Fiscal Year : 8/1/2009-7/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Bay (3)
 District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,922,351	0	194,293	0	Total Bed Days	10,950
2. Routine	5,144,072		233,799		Total Inpatient Days	9,835
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	447
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,362
7. Malpractice					Prospective Inflation factor	1.0767579173
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	10,066,423	0	428,092	0	Property Rate Allowance	0.80
10. Charges	\$35,034,495	\$0	\$1,485,935	0	First Semester in effect:	2011/01
11. Fixed Costs	965,126.00		40,934.36		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,040.98		0.00	County Ceiling Base	894.77	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	866.38	NA	Cost Report DRI Index	1.863
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,558.78	164.59	FPLI	0.8959

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	428,092.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 40,934.36	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	387,157.64	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	416,875.06	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	447	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	932.61	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	884.77	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	884.77	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county	1,558.78	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	913.77	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	913.77	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	884.77	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	73.26	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	958.03	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,485,935.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,324.24	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,579.40	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$958.03	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$242.83	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	715.20	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

103454 - 2011/07

2,252.03 / 134.88

Memorial Hospital Miramar

Type of Control: Government (4)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	36,237,339	49,136,791	5,302,555	3,696,356	Total Bed Days	64,970
2. Routine	34,006,939		4,133,203		Total Inpatient Days	33,421
3. Special Care	6,381,659		391,857		Total Newborn Days	9,140
4. Newborn Routine	4,608,684		1,271,181		Medicaid Inpatient Days	4,246
5. Intern-Resident	768,887		93,455		Medicaid Newborn IP Days	750
6. Home Health					Medicare Inpatient Days	5,392
7. Malpractice					Prospective Inflation factor	1.0908102229
8. Adjustments	-1,128,272	-676,064	-153,992	-50,858	Medicaid Paid Claims	29,483
9. Total Cost	80,875,236	48,460,727	11,038,259	3,645,499	Property Rate Allowance	0.80
10. Charges	\$340,816,858	\$340,676,871	\$43,817,504	18,912,912	First Semester in effect:	2011/01
11. Fixed Costs	21,116,077.00		2,714,812.27		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,679.58	124.66	Exempt	Exempt	Exempt	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,882.57	198.79	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	11,038,258.81	3,645,498.50
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,714,812.27	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	8,323,446.54	3,645,498.50
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,079,300.57	3,976,547.03
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,996	29,483
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,817.31	134.88
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,817.31	134.88
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,817.31	134.88
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	434.72	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,252.03	134.88
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$43,817,504.00	18,912,912.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,770.52	641.49
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,566.97	699.74
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,252.03	\$134.88
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$570.83	\$30.24
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	570.83	30.24
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,252.03	134.88



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

103454 - 2011/07

1,046.24 / 83.13

County Billing ONLY

Memorial Hospital Miramar

Type of Control: Government (4)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	36,237,339	49,136,791	5,302,555	3,696,356	Total Bed Days	64,970
2. Routine	34,006,939		4,133,203		Total Inpatient Days	33,421
3. Special Care	6,381,659		391,857		Total Newborn Days	9,140
4. Newborn Routine	4,608,684		1,271,181		Medicaid Inpatient Days	4,246
5. Intern-Resident	768,887		93,455		Medicaid Newborn IP Days	750
6. Home Health					Medicare Inpatient Days	5,392
7. Malpractice					Prospective Inflation factor	1.0908102229
8. Adjustments	-1,128,272	-676,064	-153,992	-50,858	Medicaid Paid Claims	29,483
9. Total Cost	80,875,236	48,460,727	11,038,259	3,645,499	Property Rate Allowance	0.80
10. Charges	\$340,816,858	\$340,676,871	\$43,817,504	18,912,912	First Semester in effect:	2011/01
11. Fixed Costs	21,116,077.00		2,714,812.27		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,679.58		124.66	946.66	188.05	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,596.03	103.90	Cost Report DRI Index	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,882.57	198.79	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	11,038,258.81	3,645,498.50
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,714,812.27	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	8,323,446.54	3,645,498.50
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,079,300.57	3,976,547.03
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,996	29,483
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,817.31	134.88
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,629.92	107.16
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,629.92	107.16
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,882.57	198.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	966.76	193.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	966.76	193.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	966.76	107.16
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	434.72	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,401.48	107.16
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$43,817,504.00	18,912,912.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,770.52	641.49
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,566.97	699.74
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,401.48	\$107.16
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$355.24	\$24.03
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,046.24	83.13



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

103462 - 2011/07

841.61 / 59.89

St. Cloud Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Osceola (49)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,891,924	15,671,149	718,419	989,908	Total Bed Days	30,660
2. Routine	11,258,911		499,749		Total Inpatient Days	19,363
3. Special Care	2,349,720		124,159		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	927
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,447
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-323,168	-191,106	-16,369	-12,072	Medicaid Paid Claims	13,895
9. Total Cost	26,177,387	15,480,043	1,325,958	977,836	Property Rate Allowance	0.80
10. Charges	\$122,009,307	\$100,018,225	\$6,109,563	6,680,418	First Semester in effect:	2011/01
11. Fixed Costs	5,432,457.00		272,027.92		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,325.95		82.08	County Ceiling Base	874.05	163.82
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,209.32	74.85	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,657.08	174.97	FPLI	0.9524

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,325,957.64	977,836.31
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 272,027.92	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,053,929.72	977,836.31
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,170,643.97	1,086,123.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	927	13,895
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,262.83	78.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,235.00	77.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,235.00	77.20
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9524) for Osceola county	1,657.08	174.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	892.61	168.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	892.61	168.96
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	892.61	77.20
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	234.76	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,127.37	77.20
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$6,109,563.00	6,680,418.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,590.68	480.78
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,320.54	534.02
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,127.37	\$77.20
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$285.76	\$17.31
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	841.61	59.89



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

103535 - 2011/07

739.86 / 15.15

Kindred Hospital Ocala

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2009-5/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Marion (42)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,290,873	11,617	15,067	0	Total Bed Days	11,315
2. Routine	4,537,425		28,490		Total Inpatient Days	7,167
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	45
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,084
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-200,666	-264	-990	0	Medicaid Paid Claims	0
9. Total Cost	8,627,632	11,353	42,567	0	Property Rate Allowance	0.80
10. Charges	\$31,418,184	\$85,635	\$136,703	0	First Semester in effect:	2011/07
11. Fixed Costs	873,719.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,245.39		0.00	County Ceiling Base	874.96	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,126.04	NA	Cost Report DRI Index	1.847
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,641.60	173.34	FPLI	0.9435

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	8,627,632.05	
AB	Total Fixed Costs	(-) 873,719.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	7,753,913.05	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,421,412.87	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	7,167	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,175.03	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,149.95	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,149.95	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9435) for Marion county	1,641.60	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	893.54	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	893.54	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	893.54	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	97.53	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	991.07	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$31,418,184.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,383.73	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	4,761.10	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$991.07	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$251.21	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	739.86	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

103543 - 2011/07

919.29 / 161.23

Doctors Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	54,673,894	41,917,838	2,446,635	953,741	Total Bed Days	102,565
2. Routine	43,505,209		2,336,824		Total Inpatient Days	41,171
3. Special Care	10,050,774		416,636		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,350
5. Intern-Resident	1,027,590		55,677		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,902
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-4,557,381	-1,748,490	-219,230	-39,783	Medicaid Paid Claims	3,530
9. Total Cost	104,700,086	40,169,348	5,036,542	913,958	Property Rate Allowance	0.80
10. Charges	\$442,185,095	\$274,354,608	\$22,812,496	5,762,569	First Semester in effect:	2011/07
11. Fixed Costs	13,052,489.00		673,382.84		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,647.11		229.69	981.34	201.51	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,818.88	210.87	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	2,096.06	221.33	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,036,541.62	913,958.26
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 673,382.84	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,363,158.78	913,958.26
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,663,024.25	976,771.59
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,350	3,530
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,984.27	276.71
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,857.50	217.49
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,857.50	217.49
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,096.06	221.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,002.18	207.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,002.18	207.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,002.18	207.84
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	229.24	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,231.42	207.84
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$22,812,496.00	5,762,569.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,707.45	1,632.46
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,374.61	1,744.65
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,231.42	\$207.84
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$312.13	\$46.61
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	919.29	161.23



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

103551 - 2011/07

486.74 / 129.26

Healthsouth Hospital of Spring Hill

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Hernando (27)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,248,724	447,875	64,123	26,104	Total Bed Days	26,410
2. Routine	9,270,267		52,457		Total Inpatient Days	23,327
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	132
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	19,733
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-362,752	-9,274	-2,414	-541	Medicaid Paid Claims	109
9. Total Cost	17,156,239	438,601	114,166	25,563	Property Rate Allowance	0.80
10. Charges	\$34,633,798	\$1,879,789	\$260,279	65,380	First Semester in effect:	2011/01
11. Fixed Costs	1,138,568.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	841.00		287.24	County Ceiling Base	855.60	163.39
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	600.22	249.46	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,577.92	166.62	FPLI	0.9069

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	17,156,238.80	25,563.48
AB	Total Fixed Costs	(-) 1,138,568.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	16,017,670.80	25,563.48
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	17,791,499.24	28,394.43
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	23,327	109
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	762.70	260.50
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	612.96	257.29
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	612.96	257.29
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9069) for Hernando county	1,577.92	166.62
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	873.77	168.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	873.77	166.62
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	612.96	166.62
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	39.05	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	652.01	166.62
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$34,633,798.00	65,380.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,484.71	599.82
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	1,649.13	666.25
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$652.01	\$166.62
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$165.27	\$37.36
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	486.74	129.26



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

103560 - 2011/07

780.91 / 15.15

Healthsouth Ridgelake Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 4/1/2009-3/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,505,894	5,861	172,073	0	Total Bed Days	14,600
2. Routine	9,685,495		245,577		Total Inpatient Days	11,122
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	282
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,610
7. Malpractice					Prospective Inflation factor	1.0961748634
8. Adjustments	-242,324	-88	-6,251	0	Medicaid Paid Claims	0
9. Total Cost	15,949,065	5,773	411,399	0	Property Rate Allowance	0.80
10. Charges	\$31,883,067	\$30,241	\$760,964	0	First Semester in effect:	2011/01
11. Fixed Costs	1,571,376.00		37,504.57		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,477.61		0.00	County Ceiling Base	920.12	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,107.15	NA	Cost Report DRI Index	1.830
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,711.37	180.71	FPLI	0.9836

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	411,399.35	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 37,504.57	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	373,894.78	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	409,854.06	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	282	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,453.38	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,130.66	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,130.66	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county	1,711.37	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	939.66	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	939.66	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	939.66	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	106.40	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,046.06	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$760,964.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,698.45	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,957.97	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$1,046.06	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$265.15	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	780.91	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

103683 - 2011/07

1,107.00 / 15.15

Select Specialty Hospital Pensacola

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2008-9/30/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Escambia (17)
 District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,737,739	0	99,974	0	Total Bed Days	19,710
2. Routine	10,222,361		213,814		Total Inpatient Days	10,040
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	210
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,768
7. Malpractice					Prospective Inflation factor	1.1225517627
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	16,960,100	0	313,788	0	Property Rate Allowance	0.80
10. Charges	\$33,453,889	\$0	\$553,872	0	First Semester in effect:	2010/07
11. Fixed Costs	4,228,287.00		70,004.71		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,385.43		0.00	County Ceiling Base	1,465.15	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,190.91	NA	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,636.55	172.81	FPLI	0.9406

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	313,788.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 70,004.71	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	243,783.29	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	273,659.36	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	210	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,303.14	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,216.19	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,216.19	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county	1,636.55	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,496.26	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,496.26	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,216.19	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	266.68	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,482.87	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$553,872.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,637.49	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,960.72	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$1,482.87	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$375.87	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,107.00	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

103721 - 2011/07

1,256.12 / 15.15

BayCare Alliant Hospital

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 11/1/2008-12/31/2009

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,934,831	0	173,615	0	Total Bed Days	20,448
2. Routine	8,821,403		155,690		Total Inpatient Days	7,542
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	274
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,659
7. Malpractice					Prospective Inflation factor	1.114444444
8. Adjustments	-11,195	0	-268	0	Medicaid Paid Claims	0
9. Total Cost	13,745,039	0	329,037	0	Property Rate Allowance	0.80
10. Charges	\$42,037,030	\$0	\$1,460,444	0	First Semester in effect:	2008/01
11. Fixed Costs	2,061,171.00		71,608.88		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,106.57		0.00	County Ceiling Base	Exempt	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	NA	Cost Report DRI Index	1.800
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,646.29	173.84	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	329,037.01	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 71,608.88	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	257,428.13	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	286,889.34	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	274	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,047.04	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,047.04	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,047.04	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	209.08	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,256.12	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,460,444.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,330.09	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,940.09	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$1,256.12	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$318.39	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	318.39	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,256.12	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

103721 - 2011/07

847.00 / 15.15

County Billing ONLY

BayCare Alliant Hospital

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 11/1/2008-12/31/2009

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,934,831	0	173,615	0	Total Bed Days	20,448
2. Routine	8,821,403		155,690		Total Inpatient Days	7,542
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	274
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,659
7. Malpractice					Prospective Inflation factor	1.114444444
8. Adjustments	-11,195	0	-268	0	Medicaid Paid Claims	0
9. Total Cost	13,745,039	0	329,037	0	Property Rate Allowance	0.80
10. Charges	\$42,037,030	\$0	\$1,460,444	0	First Semester in effect:	2008/01
11. Fixed Costs	2,061,171.00		71,608.88		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,106.57		0.00	County Ceiling Base	906.27	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	958.51	NA	Cost Report DRI Index	1.800
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,646.29	173.84	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	329,037.01	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 71,608.88	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	257,428.13	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	286,889.34	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	274	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,047.04	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	978.86	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	978.86	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,646.29	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	925.51	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	925.51	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	925.51	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	209.08	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,134.59	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,460,444.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,330.09	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,940.09	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$1,134.59	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$287.59	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	847.00	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

103730 - 2011/07

842.42 / 78.55

St. Luke's-St. Vincent's Healthcare

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: General

Type of Action: Amended Cost Report [2]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	38,531,880	21,594,773	1,871,262	840,809	Total Bed Days	107,310
2. Routine	26,098,637		1,238,398		Total Inpatient Days	34,524
3. Special Care	7,169,594		243,602		Total Newborn Days	4,280
4. Newborn Routine	4,126,268		1,021,513		Medicaid Inpatient Days	1,813
5. Intern-Resident	0		0		Medicaid Newborn IP Days	286
6. Home Health					Medicare Inpatient Days	16,207
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	-1,091,528	-310,450	-62,892	-12,088	Medicaid Paid Claims	8,846
9. Total Cost	74,834,851	21,284,323	4,311,883	828,721	Property Rate Allowance	0.80
10. Charges	\$252,584,278	\$108,270,850	\$10,503,670	4,194,005	First Semester in effect:	2011/07
11. Fixed Costs	15,908,833.00		661,565.85		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)		
	1. Normalized Rate	1,896.69		102.17	858.08	166.58	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,287.20	194.22	Cost Report DRI Index	1.856	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,724.24	182.07	FPLI	0.9910	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,311,882.61	828,721.41
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 661,565.85	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,650,316.76	828,721.41
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,945,331.59	895,697.82
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,099	8,846
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,879.62	101.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,314.53	200.32
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,314.53	101.25
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	1,724.24	182.07
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	876.30	171.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	876.30	171.81
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	876.30	101.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	252.15	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,128.45	101.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$10,503,670.00	4,194,005.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,004.13	474.11
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,408.56	512.43
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,128.45	\$101.25
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$286.03	\$22.70
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	842.42	78.55



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

103748 - 2011/07

1,043.12 / 15.15

Select Specialty Hospital Tallahassee

Type of Control: Proprietary(1)
 Fiscal Year : 3/1/2009-2/28/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Leon (37)
 District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,089,339	0	225,295	0	Total Bed Days	10,585
2. Routine	10,146,105		339,355		Total Inpatient Days	8,521
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	285
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,676
7. Malpractice					Prospective Inflation factor	1.1009879254
8. Adjustments	-227,473	0	-7,911	0	Medicaid Paid Claims	0
9. Total Cost	16,007,971	0	556,739	0	Property Rate Allowance	0.80
10. Charges	\$27,769,693	\$0	\$1,035,870	0	First Semester in effect:	2011/01
11. Fixed Costs	4,356,050.00		162,490.15		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,585.99		0.00	County Ceiling Base	921.62	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,458.49	NA	Cost Report DRI Index	1.822
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,670.83	176.43	FPLI	0.9603

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	556,738.75	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 162,490.15	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	394,248.60	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	434,062.95	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	285	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,523.03	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,489.46	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,489.46	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county	1,670.83	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	941.19	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	941.19	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	941.19	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	456.11	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,397.30	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,035,870.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,634.63	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,001.68	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$1,397.30	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$354.18	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,043.12	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

103764 - 2011/07

955.38 / 15.15

Select Specialty Hospital Palm Beach

Type of Control: Proprietary(1)
 Fiscal Year : 12/1/2008-11/30/2009
 Hospital Classification: General

Type of Action: Field Audit [3]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,966,832	0	110,484	0	Total Bed Days	21,900
2. Routine	12,945,298		303,562		Total Inpatient Days	10,320
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	242
5. Intern-Resident	0				Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,191
7. Malpractice					Prospective Inflation factor	1.1144444444
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	20,912,130	0	414,046	0	Property Rate Allowance	0.80
10. Charges	\$39,226,438	\$0	\$676,565	0	First Semester in effect:	2008/07
11. Fixed Costs	4,815,731.00		83,060.18		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,486.92		0.00	County Ceiling Base	984.29	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,395.35	NA	Cost Report DRI Index	1.800
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,783.57	188.33	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs				Inpatient	Outpatient
AA	Total Medicaid Cost			414,046.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			(-) 83,060.18	
AD	Total Medicaid Variable Operating Cost = (AA-AB)			330,985.82	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			368,865.31	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			242	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			1,524.24	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			1,424.98	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			1,424.98	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county			1,783.57	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			1,005.19	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			1,005.19	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			1,005.19	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			274.58	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			1,279.77	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			\$676,565.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)			2,795.72	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)			3,115.67	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)			\$1,279.77	\$19.53
AU	Medicaid Trend Adjustment	IP% : 25.347	OP% : 22.423	\$324.39	\$4.38
AV	Exemption Tier Adj			0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment			0.00	0.00
AX	Buy Back of Exemption Tier Adjustment			0.00	0.00
AY	Final Prospective Rates			955.38	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

103772 - 2011/07

977.39 / 15.15

Select Speciality Hospital Gainesville

Type of Control: Non-Profit (Other) (3)

County: Alachua (1)

Fiscal Year : 8/1/2008-7/31/2009

Type of Action: Field Audit [3]

District: 3

Hospital Classification: General

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,842,165	0	0		Total Bed Days	16,060
2. Routine	9,488,291		177,702		Total Inpatient Days	7,582
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	142
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,461
7. Malpractice					Prospective Inflation factor	1.1238095238
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	15,330,456	0	177,702	0	Property Rate Allowance	0.80
10. Charges	\$24,575,284	\$0	\$177,702	0	First Semester in effect:	2008/01
11. Fixed Costs	3,938,211.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,915.13		0.00	County Ceiling Base	875.14	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	NA	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,534.07	161.99	FPLI	0.8817

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	15,330,456.00	
AB	Total Fixed Costs	(-) 3,938,211.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	11,392,245.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	12,802,713.43	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	7,582	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,688.57	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	0.00	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,688.57	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8817) for Alachua county	1,534.07	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	893.72	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	893.72	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	893.72	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	415.53	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,309.25	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$24,575,284.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,241.27	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,642.57	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$1,309.25	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$331.86	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	977.39	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

104591 - 2011/07

764.23 / 56.95

Northwest Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	43,207,157	24,019,688	4,086,435	1,068,063	Total Bed Days 78,475
2. Routine	30,604,746		2,378,036		Total Inpatient Days 48,789
3. Special Care	9,276,204		1,161,942		Total Newborn Days 3,299
4. Newborn Routine	1,363,290		508,285		Medicaid Inpatient Days 4,361
5. Intern-Resident	0		0		Medicaid Newborn IP Days 113
6. Home Health					Medicare Inpatient Days 17,052
7. Malpractice					Prospective Inflation factor 1.1107419712
8. Adjustments	-1,316,044	-374,310	-126,767	-16,644	Medicaid Paid Claims 14,262
9. Total Cost	83,135,353	23,645,378	8,007,931	1,051,419	Property Rate Allowance 0.80
10. Charges	\$548,660,128	\$221,489,010	\$41,710,487	9,784,882	First Semester in effect: 2011/01
11. Fixed Costs	10,413,801.00		791,682.66		Last Rate Semester in Effect: 2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,655.78		75.68	946.66	188.05	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	863.82	71.18	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,882.57	198.79	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,007,931.32	1,051,418.89
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 791,682.66	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,216,248.66	1,051,418.89
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,015,390.26	1,167,855.09
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,474	14,262
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,791.55	81.89
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	882.16	73.41
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	882.16	73.41
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,882.57	198.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	966.76	193.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	966.76	193.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	882.16	73.41
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	141.56	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,023.72	73.41
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$41,710,487.00	9,784,882.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,322.86	686.08
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,355.29	762.06
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,023.72	\$73.41
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$259.49	\$16.46
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	764.23	56.95



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

104604 - 2011/07

1,115.49 / 100.28

Palmetto General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: CHEP

Type of Action: Amended Cost Report [2]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	86,187,161	45,027,250	14,546,888	6,436,509	Total Bed Days	131,400
2. Routine	44,792,176		6,599,622		Total Inpatient Days	95,546
3. Special Care	29,846,358		5,675,091		Total Newborn Days	3,707
4. Newborn Routine	860,153		543,878		Medicaid Inpatient Days	16,507
5. Intern-Resident	0		538,803		Medicaid Newborn IP Days	62
6. Home Health					Medicare Inpatient Days	33,531
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-2,484,463	-691,888	-428,777	-98,903	Medicaid Paid Claims	52,856
9. Total Cost	159,201,385	44,335,362	27,475,505	6,337,606	Property Rate Allowance	0.80
10. Charges	\$951,384,180	\$357,623,118	\$150,252,521	53,013,081	First Semester in effect:	2011/01
11. Fixed Costs	15,221,701.00		2,403,969.92		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,395.14	110.55	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,096.06	221.33	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	27,475,505.14	6,337,605.68
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,403,969.92	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	25,071,535.22	6,337,605.68
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	27,848,006.45	7,039,444.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	16,569	52,856
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,680.73	133.18
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,680.73	133.18
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,680.73	133.18
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	116.07	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,796.80	133.18
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$150,252,521.00	53,013,081.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,068.29	1,002.97
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,072.53	1,114.04
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,796.80	\$133.18
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$455.44	\$29.86
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	225.87	3.04
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,115.49	100.28



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

104604 - 2011/07

656.90 / 94.11

County Billing ONLY

Palmetto General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: CHEP

Type of Action: Amended Cost Report [2]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	86,187,161	45,027,250	14,546,888	6,436,509	Total Bed Days	131,400
2. Routine	44,792,176		6,599,622		Total Inpatient Days	95,546
3. Special Care	29,846,358		5,675,091		Total Newborn Days	3,707
4. Newborn Routine	860,153		543,878		Medicaid Inpatient Days	16,507
5. Intern-Resident	0		538,803		Medicaid Newborn IP Days	62
6. Home Health					Medicare Inpatient Days	33,531
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-2,484,463	-691,888	-428,777	-98,903	Medicaid Paid Claims	52,856
9. Total Cost	159,201,385	44,335,362	27,475,505	6,337,606	Property Rate Allowance	0.80
10. Charges	\$951,384,180	\$357,623,118	\$150,252,521	53,013,081	First Semester in effect:	2011/01
11. Fixed Costs	15,221,701.00		2,403,969.92		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,395.14	110.55	981.34	201.51	117.62	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	747.99	183.72	221.33	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	2,096.06			FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	27,475,505.14	6,337,605.68
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,403,969.92	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	25,071,535.22	6,337,605.68
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	27,848,006.45	7,039,444.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	16,569	52,856
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,680.73	133.18
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	763.87	121.31
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	763.87	121.31
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,096.06	221.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,002.18	207.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,002.18	207.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	763.87	121.31
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	116.07	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	879.94	121.31
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$150,252,521.00	53,013,081.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,068.29	1,002.97
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,072.53	1,114.04
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$879.94	\$121.31
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$223.04	\$27.20
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	656.90	94.11



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

105520 - 2011/07

1,260.47 / 37.43

Community Hospital of New Port Richey

Type of Control: Government (4)
 Fiscal Year : 7/1/2009-6/30/2010
 Hospital Classification: Special-IP

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	49,944,416	23,358,113	4,522,085	2,004,753	Total Bed Days	110,230
2. Routine	42,375,302		3,152,883		Total Inpatient Days	68,854
3. Special Care	8,950,924		703,934		Total Newborn Days	1,533
4. Newborn Routine	302,789		201,263		Medicaid Inpatient Days	5,254
5. Intern-Resident	0		0		Medicaid Newborn IP Days	49
6. Home Health					Medicare Inpatient Days	31,215
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	-1,588,441	-365,282	-134,180	-31,351	Medicaid Paid Claims	16,504
9. Total Cost	99,984,990	22,992,831	8,445,985	1,973,402	Property Rate Allowance	0.80
10. Charges	\$741,236,863	\$234,898,768	\$52,339,648	18,386,631	First Semester in effect:	2011/07
11. Fixed Costs	8,814,022.00		622,368.95		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt			Semester DRI Index
1. Normalized Rate	1,658.23	134.39	Variable Cost Base	Exempt	160.90	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	46.78	FPLI Year Used	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,673.09	183.72	FPLI	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397			176.67		0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,445,985.39	1,973,401.97
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 622,368.95	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,823,616.44	1,973,401.97
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,455,913.03	2,132,890.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,303	16,504
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,594.55	129.23
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	48.25
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,594.55	48.25
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	Exempt	176.67
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	165.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	165.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,594.55	48.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	93.89	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,688.44	48.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$52,339,648.00	18,386,631.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,869.82	1,114.07
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,667.49	1,204.11
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,688.44	\$48.25
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$427.97	\$10.82
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,260.47	37.43



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

105520 - 2011/07

581.32 / 37.43

Target History - Internal Information Only

Community Hospital of New Port Richey

Type of Control: Government (4)
 Fiscal Year : 7/1/2009-6/30/2010
 Hospital Classification: Special-IP

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	49,944,416	23,358,113	4,522,085	2,004,753	Total Bed Days	110,230
2. Routine	42,375,302		3,152,883		Total Inpatient Days	68,854
3. Special Care	8,950,924		703,934		Total Newborn Days	1,533
4. Newborn Routine	302,789		201,263		Medicaid Inpatient Days	5,254
5. Intern-Resident	0		0		Medicaid Newborn IP Days	49
6. Home Health					Medicare Inpatient Days	31,215
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	-1,588,441	-365,282	-134,180	-31,351	Medicaid Paid Claims	16,504
9. Total Cost	99,984,990	22,992,831	8,445,985	1,973,402	Property Rate Allowance	0.80
10. Charges	\$741,236,863	\$234,898,768	\$52,339,648	18,386,631	First Semester in effect:	2011/07
11. Fixed Costs	8,814,022.00		622,368.95		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,658.23	134.39	821.44	160.90	160.90	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	670.57	46.78	Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,673.09	176.67	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,445,985.39	1,973,401.97
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 622,368.95	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,823,616.44	1,973,401.97
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,455,913.03	2,132,890.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,303	16,504
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,594.55	129.23
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	684.81	48.25
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	684.81	48.25
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	1,673.09	176.67
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	838.88	165.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	838.88	165.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	684.81	48.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	93.89	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	778.70	48.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$52,339,648.00	18,386,631.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,869.82	1,114.07
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,667.49	1,204.11
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$778.70	\$48.25
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$197.38	\$10.82
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	581.32	37.43



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

106470 - 2011/07

640.05 / 15.15

Specialty Hospital Jacksonville

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Duval (16)
 District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	13,398,997	42,288	0	0	Total Bed Days	39,055
2. Routine	17,999,657		0		Total Inpatient Days	23,157
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	0
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	20,557
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	31,398,654	42,288	0	0	Property Rate Allowance	0.80
10. Charges	\$110,516,902	\$0	\$0	0	First Semester in effect:	2011/01
11. Fixed Costs	2,840,836.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,382.24		0.00	County Ceiling Base	858.08	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	743.45	NA	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,724.24	182.07	FPLI	0.9910

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200				Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)			31,398,654.00	
AB	Total Fixed Costs			(-) 2,840,836.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)			28,557,818.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			31,720,367.06	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			23,157	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			1,369.80	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			759.23	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			759.23	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county			1,724.24	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			876.30	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			876.30	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			759.23	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			98.14	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			857.37	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			\$110,516,902.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			4,772.51	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)			5,301.02	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)			\$857.37	\$19.53
AU	Medicaid Trend Adjustment	IP% : 25.347	OP% : 22.423	\$217.32	\$4.38
AV	Exemption Tier Adj			0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment			0.00	0.00
AX	Buy Back of Exemption Tier Adjustment			0.00	0.00
AY	Final Prospective Rates			640.05	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

108219 - 2011/07

1,617.93 / 175.60

Imperial Point Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	34,485,126	35,770,699	2,826,448	1,160,233	Total Bed Days	65,700
2. Routine	26,617,348		2,235,721		Total Inpatient Days	38,576
3. Special Care	4,555,988		460,439		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,570
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,755
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0	0	0	0	Medicaid Paid Claims	7,141
9. Total Cost	65,658,462	35,770,699	5,522,608	1,160,233	Property Rate Allowance	0.80
10. Charges	\$232,636,197	\$192,198,698	\$19,570,395	5,840,601	First Semester in effect:	2011/07
11. Fixed Costs	8,166,108.00		686,969.45		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,353.04		162.30	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,882.57	198.79	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,522,608.00	1,160,233.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 686,969.45	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,835,638.55	1,160,233.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,226,449.86	1,254,001.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,570	7,141
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,463.99	175.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,463.99	175.61
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,463.99	175.61
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	153.94	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,617.93	175.61
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$19,570,395.00	5,840,601.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,481.90	817.90
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,924.94	884.00
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,617.93	\$175.61
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$410.10	\$39.38
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	190.12	14.66
AW	Buy Back of Medicaid Trend Adjustment	410.10	39.37
AX	Buy Back of Exemption Tier Adjustment	190.12	14.66
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,617.93	175.60



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

108219 - 2011/07

631.72 / 91.80

County Billing ONLY

Imperial Point Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	34,485,126	35,770,699	2,826,448	1,160,233	Total Bed Days	65,700
2. Routine	26,617,348		2,235,721		Total Inpatient Days	38,576
3. Special Care	4,555,988		460,439		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,570
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,755
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0	0	0	0	Medicaid Paid Claims	7,141
9. Total Cost	65,658,462	35,770,699	5,522,608	1,160,233	Property Rate Allowance	0.80
10. Charges	\$232,636,197	\$192,198,698	\$19,570,395	5,840,601	First Semester in effect:	2011/07
11. Fixed Costs	8,166,108.00		686,969.45		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,353.04		162.30	County Ceiling Base	946.66	188.05
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	677.88	114.74	Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,882.57	198.79	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,522,608.00	1,160,233.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 686,969.45	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,835,638.55	1,160,233.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,226,449.86	1,254,001.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,570	7,141
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,463.99	175.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	692.27	118.34
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	692.27	118.34
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,882.57	198.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	966.76	193.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	966.76	193.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	692.27	118.34
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	153.94	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	846.21	118.34
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$19,570,395.00	5,840,601.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,481.90	817.90
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,924.94	884.00
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$846.21	\$118.34
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$214.49	\$26.54
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	631.72	91.80



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

108227 - 2011/07

3,119.67 / 71.63

Lake Butler Hospital

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Union (63)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	364,513	3,472,367	38,902	663,132	Total Bed Days	5,475
2. Routine	725,981		59,113		Total Inpatient Days	355
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	32
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	189
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-17,851	-56,841	-1,604	-10,855	Medicaid Paid Claims	9,549
9. Total Cost	1,072,643	3,415,526	96,411	652,277	Property Rate Allowance	1.00
10. Charges	\$1,799,556	\$12,785,966	\$148,284	2,413,304	First Semester in effect:	2011/01
11. Fixed Costs	295,950.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,721.34		84.96	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,553.73	164.06	FPLI	0.8930

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	1,072,643.10	652,276.82
AB	Total Fixed Costs	(-) 295,950.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	776,693.10	652,276.82
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	862,705.62	724,511.24
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	355	9,549
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,430.16	75.87
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,430.16	75.87
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8930) for Union county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,430.16	75.87
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	833.66	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	3,263.82	75.87
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$1,799,556.00	2,413,304.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,069.17	252.73
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	5,630.54	280.72
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$3,263.82	\$75.87
AU	Medicaid Trend Adjustment IP% : 14.525 OP% : 11.321	\$474.08	\$8.59
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	329.93	4.35
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	3,119.67	71.63



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

108626 - 2011/07

692.92 / 92.56

North Florida Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 3/1/2009-2/28/2010
 Hospital Classification: General

Type of Action: Amended Cost Report [2]

County: Alachua (1)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	106,287,254	60,579,599	7,548,151	4,282,357	Total Bed Days	125,195
2. Routine	54,183,160		4,335,986		Total Inpatient Days	96,479
3. Special Care	11,218,364		814,042		Total Newborn Days	7,107
4. Newborn Routine	1,335,954		495,891		Medicaid Inpatient Days	8,419
5. Intern-Resident	0		0		Medicaid Newborn IP Days	693
6. Home Health					Medicare Inpatient Days	56,693
7. Malpractice					Prospective Inflation factor	1.1009879254
8. Adjustments	-3,058,677	-1,070,907	-233,241	-75,702	Medicaid Paid Claims	38,088
9. Total Cost	169,966,055	59,508,692	12,960,829	4,206,655	Property Rate Allowance	0.80
10. Charges	\$1,332,848,631	\$588,819,627	\$92,381,838	49,778,810	First Semester in effect:	2011/01
11. Fixed Costs	16,982,729.00		1,177,099.70		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,614.85		137.92	875.14	148.16	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	807.69	115.69	Cost Report DRI Index	1.822
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,534.07	161.99	FPLI	0.8817

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	12,960,829.37	4,206,654.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,177,099.70	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	11,783,729.67	4,206,654.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	12,973,744.09	4,631,476.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,112	38,088
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,423.81	121.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	824.84	119.32
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	824.84	119.32
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8817) for Alachua county	1,534.07	161.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	893.72	152.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	893.72	152.81
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	824.84	119.32
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	103.35	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	928.19	119.32
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$92,381,838.00	49,778,810.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,138.48	1,306.94
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,162.34	1,438.93
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$928.19	\$119.32
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$235.27	\$26.76
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	692.92	92.56



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

109592 - 2011/07

666.32 / 70.89

Pasco Community Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2009-9/30/2010
 Hospital Classification: General

Type of Action: Amended Cost Report [2]

County: Pasco (51)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,099,250	15,179,973	1,240,282	1,165,322	Total Bed Days	43,800
2. Routine	10,556,115		874,210		Total Inpatient Days	15,101
3. Special Care	1,652,775		118,458		Total Newborn Days	550
4. Newborn Routine	169,803		94,163		Medicaid Inpatient Days	1,300
5. Intern-Resident	0		0		Medicaid Newborn IP Days	32
6. Home Health					Medicare Inpatient Days	5,633
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-418,982	-259,832	-39,833	-19,947	Medicaid Paid Claims	12,527
9. Total Cost	24,058,961	14,920,141	2,287,280	1,145,375	Property Rate Allowance	0.80
10. Charges	\$167,496,882	\$165,155,583	\$10,625,274	13,468,457	First Semester in effect:	2011/07
11. Fixed Costs	3,507,701.00		222,513.30		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,722.82		101.62	821.44	160.90	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	743.14	88.60	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,673.09	176.67	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,287,280.43	1,145,375.49
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 222,513.30	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,064,767.13	1,145,375.49
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,206,671.74	1,224,093.36
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,332	12,527
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,656.66	97.72
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	758.92	91.38
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	758.92	91.38
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	1,673.09	176.67
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	838.88	165.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	838.88	165.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	758.92	91.38
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	133.64	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	892.56	91.38
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$10,625,274.00	13,468,457.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,976.93	1,075.15
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,525.16	1,149.04
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$892.56	\$91.38
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$226.24	\$20.49
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	666.32	70.89



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

109606 - 2011/07

1,149.52 / 118.20

Coral Gables Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: Special

Type of Action: Amended Cost Report [2]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,083,688	16,020,046	1,623,268	1,272,455	Total Bed Days	62,780
2. Routine	15,817,006		879,594		Total Inpatient Days	27,576
3. Special Care	6,477,383		502,240		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,742
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,486
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-742,192	-231,421	-43,411	-18,382	Medicaid Paid Claims	8,494
9. Total Cost	50,635,885	15,788,625	2,961,691	1,254,074	Property Rate Allowance	0.80
10. Charges	\$292,125,057	\$121,945,818	\$20,567,349	7,861,608	First Semester in effect:	2011/01
11. Fixed Costs	4,359,471.00		306,932.80		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,405.11	136.13	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,096.06	221.33	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,961,691.20	1,254,073.50
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 306,932.80	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,654,758.40	1,254,073.50
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,948,751.58	1,392,952.07
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,742	8,494
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,692.74	163.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,692.74	163.99
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,692.74	163.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	140.96	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,833.70	163.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$20,567,349.00	7,861,608.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,806.74	925.55
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	13,114.24	1,028.05
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,833.70	\$163.99
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$464.79	\$36.77
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	219.39	9.02
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,149.52	118.20



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

109606 - 2011/07

704.09 / 99.90

County Billing ONLY

Coral Gables Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: Special

Type of Action: Amended Cost Report [2]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,083,688	16,020,046	1,623,268	1,272,455	Total Bed Days	62,780
2. Routine	15,817,006		879,594		Total Inpatient Days	27,576
3. Special Care	6,477,383		502,240		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,742
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,486
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-742,192	-231,421	-43,411	-18,382	Medicaid Paid Claims	8,494
9. Total Cost	50,635,885	15,788,625	2,961,691	1,254,074	Property Rate Allowance	0.80
10. Charges	\$292,125,057	\$121,945,818	\$20,567,349	7,861,608	First Semester in effect:	2011/01
11. Fixed Costs	4,359,471.00		306,932.80		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,405.11		136.13	County Ceiling Base	981.34	201.51
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	785.52	124.85	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	2,096.06	221.33	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,961,691.20	1,254,073.50
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 306,932.80	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,654,758.40	1,254,073.50
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,948,751.58	1,392,952.07
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,742	8,494
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,692.74	163.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	802.20	128.77
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	802.20	128.77
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,096.06	221.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,002.18	207.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,002.18	207.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	802.20	128.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	140.96	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	943.16	128.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$20,567,349.00	7,861,608.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,806.74	925.55
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	13,114.24	1,028.05
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$943.16	\$128.77
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$239.07	\$28.87
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	704.09	99.90



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

109886 - 2011/07

662.09 / 78.78

Ocala Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2009-8/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Marion (42)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	76,186,393	49,429,163	4,421,298	3,447,180	Total Bed Days	98,550
2. Routine	35,468,882		2,539,617		Total Inpatient Days	65,729
3. Special Care	10,573,747		865,458		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	5,161
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	32,763
7. Malpractice					Prospective Inflation factor	1.0727272727
8. Adjustments	-1,913,925	-773,987	-122,549	-53,978	Medicaid Paid Claims	35,662
9. Total Cost	120,315,097	48,655,176	7,703,824	3,393,202	Property Rate Allowance	0.80
10. Charges	\$760,507,168	\$373,149,126	\$49,334,323	27,249,404	First Semester in effect:	2011/07
11. Fixed Costs	13,127,849.00		851,607.41		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,509.54	108.18	Variable Cost Base	874.96	147.56	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	739.19	98.46	FPLI Year Used	1.870
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,739.90	183.72	FPLI	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397		1,641.60	173.34		0.9435

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,703,823.63	3,393,202.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 851,607.41	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,852,216.22	3,393,202.29
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,350,559.21	3,639,980.64
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,161	35,662
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,424.25	102.07
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	754.88	101.55
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	754.88	101.55
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9435) for Marion county	1,641.60	173.34
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	893.54	152.19
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	893.54	152.19
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	754.88	101.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	132.01	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	886.89	101.55
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$49,334,323.00	27,249,404.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,559.06	764.10
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,254.26	819.67
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$886.89	\$101.55
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$224.80	\$22.77
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	662.09	78.78



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

110213 - 2011/07

1,421.15 / 95.44

Blake Memorial Hospital

Type of Control: Proprietary(1)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Manatee (41)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	62,735,886	23,623,675	1,304,568	1,121,235	Total Bed Days	139,795
2. Routine	32,458,538		773,210		Total Inpatient Days	58,065
3. Special Care	7,782,145		213,859		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,472
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	35,971
7. Malpractice					Prospective Inflation factor	1.0908102229
8. Adjustments	-1,739,211	-398,989	-38,704	-18,937	Medicaid Paid Claims	11,905
9. Total Cost	101,237,358	23,224,686	2,252,933	1,102,298	Property Rate Allowance	0.80
10. Charges	\$583,594,864	\$177,856,331	\$13,574,443	6,640,364	First Semester in effect:	2011/01
11. Fixed Costs	13,884,788.00		322,960.80		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,472.60	104.00	Exempt	Exempt	Exempt	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,689.79	178.43	FPLI	0.9712

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,252,932.67	1,102,298.03
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 322,960.80	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,929,971.87	1,102,298.03
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,105,233.05	1,202,397.96
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,472	11,905
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,430.19	101.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,430.19	101.00
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9712) for Manatee county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL) * Partial Exemption: IP% : 73.24 OP% : 73.24	1,245.63	95.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	175.52	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,421.15	95.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$13,574,443.00	6,640,364.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,221.77	557.78
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,059.20	608.43
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,421.15	\$95.44
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$360.22	\$21.40
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	360.22	21.40
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,421.15	95.44



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

110213 - 2011/07

683.78 / 62.24

County Billing ONLY

Blake Memorial Hospital

Type of Control: Proprietary(1)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

County: Manatee (41)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	62,735,886	23,623,675	1,304,568	1,121,235	Total Bed Days	139,795
2. Routine	32,458,538		773,210		Total Inpatient Days	58,065
3. Special Care	7,782,145		213,859		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,472
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	35,971
7. Malpractice					Prospective Inflation factor	1.0908102229
8. Adjustments	-1,739,211	-398,989	-38,704	-18,937	Medicaid Paid Claims	11,905
9. Total Cost	101,237,358	23,224,686	2,252,933	1,102,298	Property Rate Allowance	0.80
10. Charges	\$583,594,864	\$177,856,331	\$13,574,443	6,640,364	First Semester in effect:	2011/01
11. Fixed Costs	13,884,788.00		322,960.80		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,472.60	104.00		927.75	162.04	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	725.04	77.79	Cost Report DRI Index	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,689.79	178.43	FPLI	0.9712

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,252,932.67	1,102,298.03
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 322,960.80	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,929,971.87	1,102,298.03
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,105,233.05	1,202,397.96
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,472	11,905
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,430.19	101.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	740.43	80.23
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	740.43	80.23
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9712) for Manatee county	1,689.79	178.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	947.45	167.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	947.45	167.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	740.43	80.23
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	175.52	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	915.95	80.23
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$13,574,443.00	6,640,364.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,221.77	557.78
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,059.20	608.43
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$915.95	\$80.23
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$232.17	\$17.99
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	683.78	62.24



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

111325 - 2011/07

604.19 / 39.65

Ft. Walton Beach Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2009-5/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Okaloosa (46)
 District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	51,582,927	31,245,559	5,627,480	3,733,148	Total Bed Days	93,805
2. Routine	31,654,550		3,774,980		Total Inpatient Days	64,645
3. Special Care	10,158,768		1,862,873		Total Newborn Days	2,158
4. Newborn Routine	940,909		601,258		Medicaid Inpatient Days	8,431
5. Intern-Resident	0		0		Medicaid Newborn IP Days	66
6. Home Health					Medicare Inpatient Days	36,455
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-1,835,503	-607,940	-230,886	-72,635	Medicaid Paid Claims	32,255
9. Total Cost	92,501,651	30,637,619	11,635,705	3,660,513	Property Rate Allowance	0.80
10. Charges	\$818,745,156	\$346,871,503	\$85,196,909	36,777,073	First Semester in effect:	2011/07
11. Fixed Costs	10,601,063.00		1,103,124.45		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)			OP (G)		Inflation/FPLI Data (H)	
	IP (F)	OP (F)		IP (G)	OP (G)		
1. Normalized Rate	1,521.72	139.32	County Ceiling Base	896.82	152.15	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	690.81	49.55	Cost Report DRI Index	1.847
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,539.29	162.54	FPLI	0.8847

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	11,635,704.61	3,660,512.73
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,103,124.45	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	10,532,580.16	3,660,512.73
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	11,439,283.05	3,975,629.96
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,497	32,255
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,346.27	123.26
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	705.48	51.11
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	705.48	51.11
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8847) for Okaloosa county	1,539.29	162.54
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	915.86	156.93
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	915.86	156.93
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	705.48	51.11
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	103.86	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	809.34	51.11
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$85,196,909.00	36,777,073.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,026.70	1,140.20
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,889.85	1,238.35
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$809.34	\$51.11
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$205.15	\$11.46
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	604.19	39.65



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

111341 - 2011/07

1,871.82 / 203.44

Gulf Coast Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2009-9/30/2010
 Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Lee (36)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	113,148,903	53,248,618	7,074,089	4,045,487	Total Bed Days	127,385
2. Routine	74,444,509		9,500,484		Total Inpatient Days	97,473
3. Special Care	21,498,580		1,714,707		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	9,624
5. Intern-Resident	0		0		Medicaid Newborn IP Days	197
6. Home Health					Medicare Inpatient Days	46,105
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-2,957,302	-753,124	-258,675	-57,218	Medicaid Paid Claims	20,951
9. Total Cost	206,134,690	52,495,494	18,030,605	3,988,269	Property Rate Allowance	0.80
10. Charges	\$757,007,878	\$256,950,202	\$65,455,530	20,578,525	First Semester in effect:	2011/07
11. Fixed Costs	38,158,578.00		3,299,423.98		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,691.35	214.64	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,649.08	174.13	FPLI	0.9478
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	18,030,604.76	3,988,269.48
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,299,423.98	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	14,731,180.78	3,988,269.48
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	15,743,606.10	4,262,370.05
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,821	20,951
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,603.06	203.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,603.06	203.44
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,603.06	203.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	268.76	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,871.82	203.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$65,455,530.00	20,578,525.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,664.85	982.22
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,122.90	1,049.72
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,871.82	\$203.44
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$474.46	\$45.62
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	474.46	45.62
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,871.82	203.44



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

111341 - 2011/07

892.79 / 76.79

County Billing ONLY

Gulf Coast Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2009-9/30/2010
 Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Lee (36)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	113,148,903	53,248,618	7,074,089	4,045,487	Total Bed Days	127,385
2. Routine	74,444,509		9,500,484		Total Inpatient Days	97,473
3. Special Care	21,498,580		1,714,707		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	9,624
5. Intern-Resident	0		0		Medicaid Newborn IP Days	197
6. Home Health					Medicare Inpatient Days	46,105
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-2,957,302	-753,124	-258,675	-57,218	Medicaid Paid Claims	20,951
9. Total Cost	206,134,690	52,495,494	18,030,605	3,988,269	Property Rate Allowance	0.80
10. Charges	\$757,007,878	\$256,950,202	\$65,455,530	20,578,525	First Semester in effect:	2011/07
11. Fixed Costs	38,158,578.00		3,299,423.98		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,691.35		214.64	County Ceiling Base	949.16	169.32
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	907.89	95.97	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,649.08	174.13	FPLI	0.9478

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	18,030,604.76	3,988,269.48
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,299,423.98	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	14,731,180.78	3,988,269.48
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	15,743,606.10	4,262,370.05
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,821	20,951
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,603.06	203.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	927.17	98.98
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	927.17	98.98
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county	1,649.08	174.13
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	969.31	174.64
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	969.31	174.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	927.17	98.98
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	268.76	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,195.93	98.98
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$65,455,530.00	20,578,525.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,664.85	982.22
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,122.90	1,049.72
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,195.93	\$98.98
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$303.14	\$22.19
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	892.79	76.79



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

111741 - 2011/07

712.39 / 71.87

Orange Park Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2009-6/30/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Clay (10)
 District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	49,872,645	40,551,882	6,035,216	3,404,677	Total Bed Days	93,075
2. Routine	45,307,522		4,515,912		Total Inpatient Days	71,015
3. Special Care	8,702,282		1,681,399		Total Newborn Days	4,154
4. Newborn Routine	1,336,147		731,110		Medicaid Inpatient Days	8,289
5. Intern-Resident	0		0		Medicaid Newborn IP Days	68
6. Home Health					Medicare Inpatient Days	31,772
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	-1,792,607	-690,881	-220,861	-58,005	Medicaid Paid Claims	34,669
9. Total Cost	103,425,989	39,861,001	12,742,776	3,346,672	Property Rate Allowance	0.80
10. Charges	\$891,652,294	\$545,440,597	\$78,849,670	35,399,118	First Semester in effect:	2011/07
11. Fixed Costs	15,809,577.00		1,398,056.10		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,607.21		114.28	County Ceiling Base	850.47	162.90
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	803.38	89.82	Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,588.35	167.72	FPLI	0.9129

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	12,742,775.84	3,346,671.60
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,398,056.10	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	11,344,719.74	3,346,671.60
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	12,261,588.25	3,617,146.14
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,357	34,669
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,467.22	104.33
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	820.44	92.64
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	820.44	92.64
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9129) for Clay county	1,588.35	167.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	868.53	168.01
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	868.53	167.72
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	820.44	92.64
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	133.83	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	954.27	92.64
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$78,849,670.00	35,399,118.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,435.16	1,021.06
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,197.70	1,103.58
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$954.27	\$92.64
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$241.88	\$20.77
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	712.39	71.87



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

112305 - 2011/07

796.37 / 48.10

Westside Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 2/1/2009-1/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	62,179,305	24,610,869	2,000,589	440,477	Total Bed Days	81,760
2. Routine	28,802,600		572,618		Total Inpatient Days	57,049
3. Special Care	14,567,764		784,503		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,892
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	20,813
7. Malpractice					Prospective Inflation factor	1.1058434399
8. Adjustments	-1,735,408	-404,643	-55,206	-7,242	Medicaid Paid Claims	6,358
9. Total Cost	103,814,261	24,206,226	3,302,504	433,235	Property Rate Allowance	0.80
10. Charges	\$666,116,740	\$198,907,569	\$21,007,780	4,398,485	First Semester in effect:	2011/01
11. Fixed Costs	11,942,768.00		376,647.26		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,580.52		69.64	County Ceiling Base	946.66	181.52
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	888.64	60.11	Cost Report DRI Index	1.814
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,882.57	198.79	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,302,503.79	433,234.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 376,647.26	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,925,856.53	433,234.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,235,539.25	479,089.91
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,892	6,358
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,710.12	75.35
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	907.51	62.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	907.51	62.00
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,882.57	198.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	966.76	187.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	966.76	187.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	907.51	62.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	159.26	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,066.77	62.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$21,007,780.00	4,398,485.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,103.48	691.80
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,278.71	765.02
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,066.77	\$62.00
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$270.40	\$13.90
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	796.37	48.10



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

112798 - 2011/07

659.85 / 115.92

Memorial Hospital Of Tampa

Type of Control: Proprietary(1)
 Fiscal Year : 12/1/2008-11/30/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	21,846,614	19,229,526	628,132	406,547	Total Bed Days	65,700
2. Routine	14,075,679		578,355		Total Inpatient Days	29,296
3. Special Care	2,690,682		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,155
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,988
7. Malpractice					Prospective Inflation factor	1.114444444
8. Adjustments	-529,448	-263,668	-16,543	-5,574	Medicaid Paid Claims	2,392
9. Total Cost	38,083,527	18,965,858	1,189,944	400,973	Property Rate Allowance	0.80
10. Charges	\$164,440,380	\$123,253,158	\$5,289,119	2,355,217	First Semester in effect:	2010/07
11. Fixed Costs	8,841,114.00		284,368.74		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	934.62		199.83	County Ceiling Base	908.15	164.39
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	672.64	144.88	Cost Report DRI Index	1.800
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,626.63	171.76	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,189,944.08	400,972.57
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 284,368.74	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	905,575.34	400,972.57
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,009,213.40	446,861.65
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,155	2,392
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	873.78	186.82
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	686.92	149.43
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	686.92	149.43
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,626.63	171.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	927.43	169.55
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	927.43	169.55
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	686.92	149.43
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	196.97	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	883.89	149.43
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$5,289,119.00	2,355,217.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,579.32	984.62
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,103.40	1,097.30
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$883.89	\$149.43
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$224.04	\$33.51
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	659.85	115.92



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

112801 - 2011/07

450.51 / 57.17

University Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 5/1/2009-4/30/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,579,286	18,686,832	944,752	451,346	Total Bed Days	115,705
2. Routine	31,290,314		1,729,595		Total Inpatient Days	45,888
3. Special Care	4,828,047		104,047		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,393
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	19,666
7. Malpractice					Prospective Inflation factor	1.0908102229
8. Adjustments	-863,047	-245,482	-36,499	-5,929	Medicaid Paid Claims	5,278
9. Total Cost	64,834,600	18,441,350	2,741,895	445,417	Property Rate Allowance	0.80
10. Charges	\$377,480,217	\$172,246,440	\$13,939,916	5,025,950	First Semester in effect:	2011/01
11. Fixed Costs	6,358,553.00		234,814.15		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,056.20		85.07	County Ceiling Base	946.66	181.52
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	514.06	71.46	Cost Report DRI Index	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,882.57	198.79	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,741,895.22	445,416.83
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 234,814.15	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,507,081.07	445,416.83
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,734,749.67	485,865.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,393	5,278
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,142.81	92.05
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	524.97	73.70
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	524.97	73.70
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,882.57	198.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	966.76	187.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	966.76	187.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	524.97	73.70
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	78.50	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	603.47	73.70
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$13,939,916.00	5,025,950.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,825.29	952.25
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,354.29	1,038.72
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$603.47	\$73.70
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$152.96	\$16.53
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	450.51	57.17



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

113212 - 2011/07

623.18 / 57.97

West Florida Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2009-5/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Escambia (17)
 District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	63,535,753	36,403,981	4,761,533	2,723,278	Total Bed Days	193,815
2. Routine	38,730,306		2,755,211		Total Inpatient Days	68,692
3. Special Care	11,814,513		825,300		Total Newborn Days	894
4. Newborn Routine	375,339		214,958		Medicaid Inpatient Days	5,877
5. Intern-Resident	0		0		Medicaid Newborn IP Days	18
6. Home Health					Medicare Inpatient Days	37,079
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-1,836,897	-584,245	-137,331	-43,706	Medicaid Paid Claims	25,232
9. Total Cost	112,619,014	35,819,736	8,419,671	2,679,572	Property Rate Allowance	0.80
10. Charges	\$646,593,596	\$312,592,541	\$46,216,805	22,199,964	First Semester in effect:	2011/07
11. Fixed Costs	13,538,675.00		967,708.78		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,459.64		122.62	898.40	161.67	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	688.82	72.46	Cost Report DRI Index	1.847
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,636.55	172.81	FPLI	0.9406

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,419,671.15	2,679,572.26
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 967,708.78	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,451,962.37	2,679,572.26
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,093,468.60	2,910,244.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,895	25,232
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,372.94	115.34
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	703.44	74.73
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	703.44	74.73
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county	1,636.55	172.81
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	917.47	166.75
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	917.47	166.75
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	703.44	74.73
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	131.33	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	834.77	74.73
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$46,216,805.00	22,199,964.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,840.00	879.83
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,514.91	955.57
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$834.77	\$74.73
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$211.59	\$16.76
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	623.18	57.97



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

113514 - 2011/07

1,290.76 / 73.43

Putnam Community Hospital

Type of Control: Proprietary(1)

Fiscal Year : 3/1/2009-2/28/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

County: Putnam (54)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,236,400	16,626,078	2,407,896	2,363,247	Total Bed Days	47,815
2. Routine	11,163,017		1,411,469		Total Inpatient Days	25,057
3. Special Care	2,894,375		411,003		Total Newborn Days	988
4. Newborn Routine	587,770		490,801		Medicaid Inpatient Days	3,408
5. Intern-Resident	0		0		Medicaid Newborn IP Days	7
6. Home Health					Medicare Inpatient Days	16,392
7. Malpractice					Prospective Inflation factor	1.1009879254
8. Adjustments	0	0	0	0	Medicaid Paid Claims	31,422
9. Total Cost	29,881,562	16,626,078	4,721,169	2,363,247	Property Rate Allowance	1.00
10. Charges	\$119,032,926	\$89,896,743	\$13,304,453	11,943,967	First Semester in effect:	2011/01
11. Fixed Costs	2,935,153.00		328,065.57		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,631.53		95.39	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.822
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,510.41	159.49	FPLI	0.8681

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,721,169.00	2,363,247.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 328,065.57	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,393,103.43	2,363,247.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,836,753.83	2,601,906.41
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,415	31,422
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,416.33	82.81
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,416.33	82.81
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8681) for Putnam county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,416.33	82.81
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	96.07	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,512.40	82.81
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$13,304,453.00	11,943,967.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,895.89	380.11
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,289.33	418.50
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,512.40	\$82.81
AU	Medicaid Trend Adjustment IP% : 14.655 OP% : 11.321	\$221.64	\$9.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,290.76	73.43



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

115193 - 2011/07

1,092.16 / 88.93

Northside Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2009-9/30/2010
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	48,781,320	18,544,888	3,125,721	843,947	Total Bed Days	82,403
2. Routine	24,929,155		1,703,120		Total Inpatient Days	49,487
3. Special Care	15,591,204		1,056,746		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,435
5. Intern-Resident	0		182,023		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	22,605
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-1,309,290	-271,895	-88,960	-12,373	Medicaid Paid Claims	7,376
9. Total Cost	87,992,389	18,272,993	5,978,650	831,574	Property Rate Allowance	0.80
10. Charges	\$686,596,979	\$174,097,929	\$42,435,285	9,834,339	First Semester in effect:	2011/07
11. Fixed Costs	10,326,324.00		638,220.84		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,756.03		127.34	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,646.29	173.84	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,978,650.15	831,573.53
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 638,220.84	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,340,429.31	831,573.53
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,707,459.35	888,724.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,435	7,376
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,661.56	120.49
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,661.56	120.49
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,661.56	120.49
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	148.64	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,810.20	120.49
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$42,435,285.00	9,834,339.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,353.79	1,333.29
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	13,202.83	1,424.92
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,810.20	\$120.49
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$458.84	\$27.02
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	259.20	4.55
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,092.16	88.93



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

115193 - 2011/07

565.90 / 79.69

County Billing ONLY

Northside Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2009-9/30/2010
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	48,781,320	18,544,888	3,125,721	843,947	Total Bed Days	82,403
2. Routine	24,929,155		1,703,120		Total Inpatient Days	49,487
3. Special Care	15,591,204		1,056,746		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,435
5. Intern-Resident	0		182,023		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	22,605
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-1,309,290	-271,895	-88,960	-12,373	Medicaid Paid Claims	7,376
9. Total Cost	87,992,389	18,272,993	5,978,650	831,574	Property Rate Allowance	0.80
10. Charges	\$686,596,979	\$174,097,929	\$42,435,285	9,834,339	First Semester in effect:	2011/07
11. Fixed Costs	10,326,324.00		638,220.84		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,756.03		127.34	County Ceiling Base	906.27	164.03
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	596.73	99.60	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,646.29	173.84	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,978,650.15	831,573.53
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 638,220.84	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,340,429.31	831,573.53
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,707,459.35	888,724.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,435	7,376
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,661.56	120.49
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	609.40	102.73
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	609.40	102.73
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,646.29	173.84
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	925.51	169.18
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	925.51	169.18
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	609.40	102.73
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	148.64	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	758.04	102.73
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$42,435,285.00	9,834,339.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,353.79	1,333.29
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	13,202.83	1,424.92
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$758.04	\$102.73
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$192.14	\$23.04
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	565.90	79.69



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

116483 - 2011/07

7,250.50 / 263.20

Anne Bates Leach Eye Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 6/1/2009-5/31/2010

Hospital Classification: Specialized: Eye

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	567,823	72,397,468	27,389	4,636,800	Total Bed Days	20,440
2. Routine	5,597,604		174,925		Total Inpatient Days	512
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	16
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	188
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-73,425	-862,198	-2,409	-55,221	Medicaid Paid Claims	18,906
9. Total Cost	6,092,002	71,535,270	199,905	4,581,579	Property Rate Allowance	0.80
10. Charges	\$3,418,015	\$286,042,638	\$159,185	22,899,895	First Semester in effect:	2011/07
11. Fixed Costs	4,057,801.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	3,581.86		218.48	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.847
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	2,096.06	221.33	FPLI	1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	6,092,001.56	4,581,579.32
AB	Total Fixed Costs	(-) 4,057,801.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	2,034,200.56	4,581,579.32
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,209,315.82	4,975,987.07
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	512	18,906
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	4,315.07	263.20
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	4,315.07	263.20
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	4,315.07	263.20
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	6,340.31	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	10,655.38	263.20
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$3,418,015.00	22,899,895.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,675.81	1,211.25
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	7,250.50	1,315.52
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$7,250.50	\$263.20
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$1,837.81	\$59.02
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	694.89	19.93
AW	Buy Back of Medicaid Trend Adjustment	1,837.81	59.02
AX	Buy Back of Exemption Tier Adjustment	694.89	19.93
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	7,250.50	263.20



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

116483 - 2011/07

5,412.69 / 143.79

County Billing ONLY

Anne Bates Leach Eye Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 6/1/2009-5/31/2010

Hospital Classification: Specialized: Eye

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	567,823	72,397,468	27,389	4,636,800	Total Bed Days	20,440
2. Routine	5,597,604		174,925		Total Inpatient Days	512
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	16
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	188
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-73,425	-862,198	-2,409	-55,221	Medicaid Paid Claims	18,906
9. Total Cost	6,092,002	71,535,270	199,905	4,581,579	Property Rate Allowance	0.80
10. Charges	\$3,418,015	\$286,042,638	\$159,185	22,899,895	First Semester in effect:	2011/07
11. Fixed Costs	4,057,801.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	3,581.86		218.48	County Ceiling Base	Exempt	201.51
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,463.31	179.71	Cost Report DRI Index	1.847
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	2,096.06	221.33	FPLI	1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	6,092,001.56	4,581,579.32
AB	Total Fixed Costs	(-) 4,057,801.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	2,034,200.56	4,581,579.32
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,209,315.82	4,975,987.07
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	512	18,906
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	4,315.07	263.20
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,494.38	185.35
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,494.38	185.35
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	221.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	207.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	207.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,494.38	185.35
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	6,340.31	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	7,834.69	185.35
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$3,418,015.00	22,899,895.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,675.81	1,211.25
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	7,250.50	1,315.52
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$7,250.50	\$185.35
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$1,837.81	\$41.56
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	5,412.69	143.79



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

117463 - 2011/07

607.16 / 71.81

Fawcett Memorial Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Charlotte (8)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	48,335,325	26,295,983	1,520,750	1,056,017	Total Bed Days	86,870
2. Routine	26,574,843		898,954		Total Inpatient Days	50,965
3. Special Care	6,818,289		307,193		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,828
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	32,287
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-1,375,015	-442,409	-45,878	-17,767	Medicaid Paid Claims	9,178
9. Total Cost	80,353,442	25,853,574	2,681,019	1,038,250	Property Rate Allowance	0.80
10. Charges	\$585,370,967	\$259,741,429	\$19,308,613	12,112,662	First Semester in effect:	2011/01
11. Fixed Costs	7,817,267.00		257,854.58		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,548.41		132.14	County Ceiling Base	919.17	164.60
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	685.90	89.75	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,654.47	174.70	FPLI	0.9509

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,681,019.16	1,038,250.37
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 257,854.58	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,423,164.58	1,038,250.37
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,691,510.61	1,153,228.26
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,828	9,178
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,472.38	125.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	700.46	92.57
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	700.46	92.57
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9509) for Charlotte county	1,654.47	174.70
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	938.69	169.77
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	938.69	169.77
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	700.46	92.57
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	112.85	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	813.31	92.57
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$19,308,613.00	12,112,662.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,562.70	1,319.75
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,732.43	1,465.90
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$813.31	\$92.57
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$206.15	\$20.76
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	607.16	71.81



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

117617 - 2011/07

984.81 / 88.43

Gulf Coast Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 2/1/2009-1/31/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Bay (3)
 District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	42,059,966	31,010,090	6,132,116	4,118,383	Total Bed Days	64,240
2. Routine	23,348,891		4,050,923		Total Inpatient Days	41,628
3. Special Care	7,752,277		3,096,633		Total Newborn Days	3,809
4. Newborn Routine	1,196,123		738,913		Medicaid Inpatient Days	9,373
5. Intern-Resident	0		0		Medicaid Newborn IP Days	15
6. Home Health					Medicare Inpatient Days	17,679
7. Malpractice					Prospective Inflation factor	1.1058434399
8. Adjustments	-1,397,381	-582,767	-263,449	-77,396	Medicaid Paid Claims	37,398
9. Total Cost	72,959,876	30,427,323	13,755,136	4,040,987	Property Rate Allowance	0.80
10. Charges	\$517,293,965	\$296,161,926	\$79,171,999	39,412,354	First Semester in effect:	2011/01
11. Fixed Costs	8,527,585.00		1,305,149.48		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,636.92	133.37	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,558.78	164.59	FPLI	0.8959
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	13,755,136.47	4,040,987.03
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,305,149.48	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	12,449,986.99	4,040,987.03
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	13,767,736.44	4,468,699.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,388	37,398
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,466.52	119.49
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,466.52	119.49
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,466.52	119.49
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	111.22	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,577.74	119.49
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$79,171,999.00	39,412,354.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,433.32	1,053.86
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,325.93	1,165.40
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,577.74	\$119.49
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$399.91	\$26.79
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	193.01	4.27
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	984.81	88.43



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

117617 - 2011/07

592.94 / 79.76

County Billing ONLY

Gulf Coast Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 2/1/2009-1/31/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Bay (3)
 District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	42,059,966	31,010,090	6,132,116	4,118,383	Total Bed Days	64,240
2. Routine	23,348,891		4,050,923		Total Inpatient Days	41,628
3. Special Care	7,752,277		3,096,633		Total Newborn Days	3,809
4. Newborn Routine	1,196,123		738,913		Medicaid Inpatient Days	9,373
5. Intern-Resident	0		0		Medicaid Newborn IP Days	15
6. Home Health					Medicare Inpatient Days	17,679
7. Malpractice					Prospective Inflation factor	1.1058434399
8. Adjustments	-1,397,381	-582,767	-263,449	-77,396	Medicaid Paid Claims	37,398
9. Total Cost	72,959,876	30,427,323	13,755,136	4,040,987	Property Rate Allowance	0.80
10. Charges	\$517,293,965	\$296,161,926	\$79,171,999	39,412,354	First Semester in effect:	2011/01
11. Fixed Costs	8,527,585.00		1,305,149.48		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,636.92	133.37		894.77	150.35	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	668.84	99.68	Cost Report DRI Index	1.814
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,558.78	164.59	FPLI	0.8959

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	13,755,136.47	4,040,987.03
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,305,149.48	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	12,449,986.99	4,040,987.03
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	13,767,736.44	4,468,699.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,388	37,398
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,466.52	119.49
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	683.04	102.81
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	683.04	102.81
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county	1,558.78	164.59
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	913.77	155.07
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	913.77	155.07
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	683.04	102.81
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	111.22	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	794.26	102.81
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$79,171,999.00	39,412,354.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,433.32	1,053.86
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,325.93	1,165.40
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$794.26	\$102.81
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$201.32	\$23.05
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	592.94	79.76



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

118079 - 2011/07

1,378.12 / 82.58

Brandon Regional Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Hillsborough (29)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	79,118,551	48,209,695	9,566,228	3,302,552	Total Bed Days	146,371
2. Routine	52,575,358		5,746,413		Total Inpatient Days	95,615
3. Special Care	20,009,387		3,540,985		Total Newborn Days	6,406
4. Newborn Routine	1,860,875		874,084		Medicaid Inpatient Days	12,431
5. Intern-Resident	0		0		Medicaid Newborn IP Days	56
6. Home Health					Medicare Inpatient Days	28,567
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-2,969,833	-932,345	-381,521	-63,869	Medicaid Paid Claims	33,276
9. Total Cost	150,594,338	47,277,350	19,346,189	3,238,683	Property Rate Allowance	0.80
10. Charges	\$1,182,916,192	\$499,584,064	\$114,443,645	39,521,953	First Semester in effect:	2011/01
11. Fixed Costs	17,188,170.00		1,662,904.64		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,682.49	115.64	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,626.63	171.76	FPLI	0.9349
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	19,346,188.66	3,238,682.75
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,662,904.64	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	17,683,284.02	3,238,682.75
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	19,641,565.75	3,597,340.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	12,487	33,276
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,572.96	108.11
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,572.96	108.11
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,572.96	108.11
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	106.54	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,679.50	108.11
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$114,443,645.00	39,521,953.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,165.02	1,187.70
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,179.97	1,319.23
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,679.50	\$108.11
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$425.71	\$24.24
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	174.89	1.29
AW	Buy Back of Medicaid Trend Adjustment	299.22	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,378.12	82.58



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

118079 - 2011/07

723.83 / 79.96

County Billing ONLY

Brandon Regional Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	79,118,551	48,209,695	9,566,228	3,302,552	Total Bed Days	146,371
2. Routine	52,575,358		5,746,413		Total Inpatient Days	95,615
3. Special Care	20,009,387		3,540,985		Total Newborn Days	6,406
4. Newborn Routine	1,860,875		874,084		Medicaid Inpatient Days	12,431
5. Intern-Resident	0		0		Medicaid Newborn IP Days	56
6. Home Health					Medicare Inpatient Days	28,567
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-2,969,833	-932,345	-381,521	-63,869	Medicaid Paid Claims	33,276
9. Total Cost	150,594,338	47,277,350	19,346,189	3,238,683	Property Rate Allowance	0.80
10. Charges	\$1,182,916,192	\$499,584,064	\$114,443,645	39,521,953	First Semester in effect:	2011/01
11. Fixed Costs	17,188,170.00		1,662,904.64		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,682.49	115.64	908.15	164.39	Semester DRI Index	2.0060	
2. Base Rate Semester	2011/01	2011/01	845.11	99.93	Cost Report DRI Index	1.806	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90	183.72	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	1,626.63	171.76	FPLI	0.9349	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	19,346,188.66	3,238,682.75
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,662,904.64	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	17,683,284.02	3,238,682.75
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	19,641,565.75	3,597,340.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	12,487	33,276
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,572.96	108.11
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	863.05	103.07
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	863.05	103.07
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,626.63	171.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	927.43	169.55
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	927.43	169.55
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	863.05	103.07
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	106.54	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	969.59	103.07
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$114,443,645.00	39,521,953.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,165.02	1,187.70
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,179.97	1,319.23
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$969.59	\$103.07
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$245.77	\$23.11
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	723.83	79.96



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

119695 - 2011/07

1,097.32 / 79.63

Lawnwood Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2009-9/30/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: St Lucie (56)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	66,224,580	33,919,170	11,229,131	4,976,174	Total Bed Days	124,465
2. Routine	49,502,119		7,201,304		Total Inpatient Days	84,420
3. Special Care	14,293,083		1,890,456		Total Newborn Days	4,656
4. Newborn Routine	3,036,164		2,283,002		Medicaid Inpatient Days	12,649
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,163
6. Home Health					Medicare Inpatient Days	40,809
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-2,584,165	-658,766	-439,005	-96,645	Medicaid Paid Claims	50,375
9. Total Cost	130,471,781	33,260,404	22,164,888	4,879,529	Property Rate Allowance	0.80
10. Charges	\$1,009,107,527	\$336,518,641	\$181,600,535	58,031,830	First Semester in effect:	2011/07
11. Fixed Costs	12,906,123.00		2,322,605.65		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,497.59	100.98	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,783.75	188.35	FPLI	1.0252
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	22,164,888.27	4,879,528.53
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,322,605.65	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	19,842,282.62	4,879,528.53
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	21,205,977.06	5,214,882.38
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	13,812	50,375
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,535.33	103.52
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,535.33	103.52
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0252) for St Lucie county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,535.33	103.52
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	134.53	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,669.86	103.52
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$181,600,535.00	58,031,830.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	13,148.03	1,152.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	14,051.65	1,231.17
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,669.86	\$103.52
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$423.26	\$23.21
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	169.41	1.75
AW	Buy Back of Medicaid Trend Adjustment	20.14	1.07
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,097.32	79.63



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

119695 - 2011/07

733.23 / 74.99

County Billing ONLY

Lawnwood Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2009-9/30/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: St Lucie (56)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	66,224,580	33,919,170	11,229,131	4,976,174	Total Bed Days	124,465
2. Routine	49,502,119		7,201,304		Total Inpatient Days	84,420
3. Special Care	14,293,083		1,890,456		Total Newborn Days	4,656
4. Newborn Routine	3,036,164		2,283,002		Medicaid Inpatient Days	12,649
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,163
6. Home Health					Medicare Inpatient Days	40,809
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-2,584,165	-658,766	-439,005	-96,645	Medicaid Paid Claims	50,375
9. Total Cost	130,471,781	33,260,404	22,164,888	4,879,529	Property Rate Allowance	0.80
10. Charges	\$1,009,107,527	\$336,518,641	\$181,600,535	58,031,830	First Semester in effect:	2011/07
11. Fixed Costs	12,906,123.00		2,322,605.65		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,497.59		100.98	953.23	168.54	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	830.04	93.73	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,783.75	188.35	FPLI	1.0252

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	22,164,888.27	4,879,528.53
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,322,605.65	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	19,842,282.62	4,879,528.53
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	21,205,977.06	5,214,882.38
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	13,812	50,375
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,535.33	103.52
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	847.66	96.67
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	847.66	96.67
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0252) for St Lucie county	1,783.75	188.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	973.47	173.83
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	973.47	173.83
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	847.66	96.67
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	134.53	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	982.19	96.67
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$181,600,535.00	58,031,830.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	13,148.03	1,152.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	14,051.65	1,231.17
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$982.19	\$96.67
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$248.96	\$21.68
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	733.23	74.99



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

119717 - 2011/07

1,459.49 / 99.52

Cape Coral Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Lee (36)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	55,513,998	41,253,253	3,403,711	2,655,026	Total Bed Days	114,610
2. Routine	34,459,882		1,778,863		Total Inpatient Days	68,106
3. Special Care	7,146,712		348,744		Total Newborn Days	0
4. Newborn Routine	7,815,191		3,286,342		Medicaid Inpatient Days	5,429
5. Intern-Resident	0		0		Medicaid Newborn IP Days	776
6. Home Health					Medicare Inpatient Days	30,551
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-1,703,818	-669,819	-143,170	-43,109	Medicaid Paid Claims	28,048
9. Total Cost	103,231,965	40,583,434	8,674,490	2,611,917	Property Rate Allowance	0.80
10. Charges	\$433,511,563	\$250,012,110	\$34,639,881	18,869,974	First Semester in effect:	2011/07
11. Fixed Costs	9,988,760.00		798,155.08		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,431.30	105.00	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,649.08	174.13	FPLI	0.9478
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,674,489.73	2,611,916.97
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 798,155.08	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,876,334.65	2,611,916.97
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,417,649.07	2,791,425.38
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	6,205	28,048
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,356.59	99.52
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,356.59	99.52
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,356.59	99.52
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	102.90	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,459.49	99.52
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$34,639,881.00	18,869,974.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,582.58	672.77
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,966.25	719.01
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,459.49	\$99.52
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$369.94	\$22.32
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	369.94	22.32
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,459.49	99.52



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

119717 - 2011/07

794.35 / 55.38

County Billing ONLY

Cape Coral Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Lee (36)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	55,513,998	41,253,253	3,403,711	2,655,026	Total Bed Days	114,610
2. Routine	34,459,882		1,778,863		Total Inpatient Days	68,106
3. Special Care	7,146,712		348,744		Total Newborn Days	0
4. Newborn Routine	7,815,191		3,286,342		Medicaid Inpatient Days	5,429
5. Intern-Resident	0		0		Medicaid Newborn IP Days	776
6. Home Health					Medicare Inpatient Days	30,551
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-1,703,818	-669,819	-143,170	-43,109	Medicaid Paid Claims	28,048
9. Total Cost	103,231,965	40,583,434	8,674,490	2,611,917	Property Rate Allowance	0.80
10. Charges	\$433,511,563	\$250,012,110	\$34,639,881	18,869,974	First Semester in effect:	2011/07
11. Fixed Costs	9,988,760.00		798,155.08		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,431.30	105.00	949.16	949.16	169.32	2.0060	
2. Base Rate Semester	2011/01	2011/01	941.18	941.18	69.22	1.877	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90	1,739.90	183.72	2008	
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	1,649.08	1,649.08	174.13	0.9478	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,674,489.73	2,611,916.97
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 798,155.08	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,876,334.65	2,611,916.97
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,417,649.07	2,791,425.38
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	6,205	28,048
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,356.59	99.52
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	961.16	71.39
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	961.16	71.39
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county	1,649.08	174.13
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	969.31	174.64
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	969.31	174.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	961.16	71.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	102.90	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,064.06	71.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$34,639,881.00	18,869,974.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,582.58	672.77
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,966.25	719.01
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,064.06	\$71.39
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$269.71	\$16.01
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	794.35	55.38



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

119733 - 2011/07

603.34 / 62.76

Venice Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	50,263,105	36,656,756	1,249,179	770,483	Total Bed Days	113,880
2. Routine	25,336,541		647,047		Total Inpatient Days	48,213
3. Special Care	6,979,378		309,733		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,376
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	32,943
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-9,626	-4,273	-257	-90	Medicaid Paid Claims	7,135
9. Total Cost	82,569,398	36,652,483	2,205,702	770,393	Property Rate Allowance	0.80
10. Charges	\$387,276,806	\$208,045,807	\$9,518,316	6,048,881	First Semester in effect:	2011/01
11. Fixed Costs	12,881,143.00		316,586.97		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,550.37		121.93	920.12	167.70	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	611.15	78.44	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,711.37	180.71	FPLI	0.9836

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,205,701.86	770,393.19
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 316,586.97	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,889,114.89	770,393.19
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,098,319.20	855,708.05
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,376	7,135
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,524.94	119.93
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	624.13	80.90
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	624.13	80.90
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county	1,711.37	180.71
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	939.66	172.97
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	939.66	172.97
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	624.13	80.90
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	184.06	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	808.19	80.90
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$9,518,316.00	6,048,881.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,917.38	847.78
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,683.42	941.66
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$808.19	\$80.90
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$204.85	\$18.14
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	603.34	62.76



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

119741 - 2011/07

1,062.47 / 86.61

Largo Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 3/1/2009-2/28/2010

Hospital Classification: Statutory Teaching

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	89,182,445	33,148,247	3,306,783	1,170,265	Total Bed Days	142,599
2. Routine	48,337,122		1,506,963		Total Inpatient Days	90,038
3. Special Care	16,422,371		830,139		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,847
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	46,352
7. Malpractice					Prospective Inflation factor	1.1009879254
8. Adjustments	-2,480,902	-534,211	-90,956	-18,860	Medicaid Paid Claims	11,163
9. Total Cost	151,461,036	32,614,036	5,552,929	1,151,405	Property Rate Allowance	0.80
10. Charges	\$995,184,084	\$266,517,379	\$39,797,178	11,021,252	First Semester in effect:	2011/01
11. Fixed Costs	15,121,100.00		604,689.24		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,496.68		120.02	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.822
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,646.29	173.84	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,552,929.13	1,151,405.21
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 604,689.24	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,948,239.89	1,151,405.21
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,447,952.37	1,267,683.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,847	11,163
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,416.16	113.56
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,416.16	113.56
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,416.16	113.56
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	125.75	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,541.91	113.56
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$39,797,178.00	11,021,252.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,344.99	987.30
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,389.71	1,087.01
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,541.91	\$113.56
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$390.83	\$25.46
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 72\%)$	102.56	2.68
AW	Buy Back of Medicaid Trend Adjustment	13.95	1.19
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,062.47	86.61



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

119741 - 2011/07

784.79 / 78.53

County Billing ONLY

Largo Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 3/1/2009-2/28/2010

Hospital Classification: Statutory Teaching

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	89,182,445	33,148,247	3,306,783	1,170,265	Total Bed Days	142,599
2. Routine	48,337,122		1,506,963		Total Inpatient Days	90,038
3. Special Care	16,422,371		830,139		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,847
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	46,352
7. Malpractice					Prospective Inflation factor	1.1009879254
8. Adjustments	-2,480,902	-534,211	-90,956	-18,860	Medicaid Paid Claims	11,163
9. Total Cost	151,461,036	32,614,036	5,552,929	1,151,405	Property Rate Allowance	0.80
10. Charges	\$995,184,084	\$266,517,379	\$39,797,178	11,021,252	First Semester in effect:	2011/01
11. Fixed Costs	15,121,100.00		604,689.24		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,496.68		120.02	906.27	164.03	164.03
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,227.79	98.15	Cost Report DRI Index	1.822
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,646.29	173.84	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,552,929.13	1,151,405.21
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 604,689.24	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,948,239.89	1,151,405.21
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,447,952.37	1,267,683.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,847	11,163
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,416.16	113.56
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,253.86	101.23
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,253.86	101.23
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,646.29	173.84
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	925.51	169.18
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	925.51	169.18
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	925.51	101.23
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	125.75	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,051.26	101.23
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$39,797,178.00	11,021,252.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,344.99	987.30
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,389.71	1,087.01
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,051.26	\$101.23
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$266.47	\$22.70
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	784.79	78.53



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

119750 - 2011/07

1,600.24 / 106.35

Raulerson Hospital

Type of Control: Proprietary(1)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Okeechobee (47)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,631,970	14,982,651	1,616,640	2,581,072	Total Bed Days	36,500
2. Routine	13,194,953		1,225,450		Total Inpatient Days	21,114
3. Special Care	3,722,423		334,555		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,007
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,467
7. Malpractice					Prospective Inflation factor	1.0908102229
8. Adjustments	-576,160	-257,305	-54,554	-44,326	Medicaid Paid Claims	24,565
9. Total Cost	32,973,186	14,725,346	3,122,091	2,536,746	Property Rate Allowance	1.00
10. Charges	\$165,582,158	\$106,593,081	\$15,825,913	17,814,442	First Semester in effect:	2011/01
11. Fixed Costs	4,388,116.00		419,404.74		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,416.24	108.60	Variable Cost Base	Exempt	Exempt	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	Cost Report DRI Index	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,804.62	190.55	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397				FPLI	1.0372

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,122,090.84	2,536,745.92
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 419,404.74	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,702,686.10	2,536,745.92
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,948,117.63	2,767,108.38
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,007	24,565
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,468.92	112.64
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,468.92	112.64
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0372) for Okeechobee county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,468.92	112.64
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	208.97	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,677.89	112.64
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$15,825,913.00	17,814,442.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,885.36	725.20
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,601.43	791.06
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,677.89	\$112.64
AU	Medicaid Trend Adjustment IP% : 14.655 OP% : 11.321	\$245.89	\$12.75
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	168.24	6.46
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,600.24	106.35



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

119768 - 2011/07

541.20 / 83.43

Lake City Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 11/1/2009-10/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Columbia (12)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,311,346	18,051,256	1,183,809	2,361,526	Total Bed Days	24,455
2. Routine	13,182,686		887,380		Total Inpatient Days	19,801
3. Special Care	2,280,975		198,861		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,507
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,655
7. Malpractice					Prospective Inflation factor	1.0658873539
8. Adjustments	-454,837	-295,603	-37,174	-38,672	Medicaid Paid Claims	19,072
9. Total Cost	27,320,170	17,755,653	2,232,876	2,322,854	Property Rate Allowance	0.80
10. Charges	\$129,359,538	\$145,251,033	\$10,936,200	17,866,228	First Semester in effect:	2011/07
11. Fixed Costs	4,782,994.00		404,359.66		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,430.31		143.57	868.56	151.61	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	499.69	104.28	Cost Report DRI Index	1.882
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,573.22	166.12	FPLI	0.9042

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,232,876.20	2,322,854.21
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 404,359.66	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,828,516.54	2,322,854.21
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,948,992.65	2,475,900.93
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,507	19,072
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,293.29	129.82
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	510.30	107.55
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	510.30	107.55
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9042) for Columbia county	1,573.22	166.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	887.00	156.37
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	887.00	156.37
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	510.30	107.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	214.66	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	724.96	107.55
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$10,936,200.00	17,866,228.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,256.93	936.78
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,735.07	998.50
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$724.96	\$107.55
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$183.76	\$24.12
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	541.20	83.43



Florida Agency For Health Care Administration

119784 - 2011/07

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

Florida State Hospital-Med

Type of Control: Government (4)
 Fiscal Year : 7/1/2009-6/30/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Gadsden (20)
 District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,021,162		0		Total Bed Days	8,760
2. Routine	5,382,375		0		Total Inpatient Days	5,007
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	0
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	490
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0		0		Medicaid Paid Claims	0
9. Total Cost	14,403,537		0		Property Rate Allowance	0.80
10. Charges	\$14,403,537		\$0		First Semester in effect:	2011/07
11. Fixed Costs	888,128.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
						Semester DRI Index	
1. Normalized Rate	3,225.49		County Ceiling Base	884.52		Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01		Variable Cost Base	625.64		FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01		State Ceiling	1,739.90		FPLI	0.9045
4. Rate of Increase (Year/Sem.)	1.021231		County Ceiling	1,573.74			

Rate Calculations			
Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	14,403,537.00	
AB	Total Fixed Costs	(-) 888,128.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	13,515,409.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	14,607,710.37	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	5,007	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,917.46	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	638.92	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	638.92	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9045) for Gadsden county	1,573.74	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	903.30	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	903.30	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	638.92	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	141.90	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	780.82	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$14,403,537.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,876.68	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,109.17	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$780.82	\$0.00
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 0.000	\$197.92	\$0.00
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	582.90	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

119806 - 2011/07

945.06 / 83.53

Capital Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 5/1/2009-4/30/2010
 Hospital Classification: General

Type of Action: Amended Cost Report [2]
 : Rate Includes Buy Back

County: Leon (37)
 District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	45,989,202	37,963,951	5,076,958	2,720,845	Total Bed Days	72,270
2. Routine	30,335,653		3,063,441		Total Inpatient Days	47,229
3. Special Care	6,515,998		819,383		Total Newborn Days	2,226
4. Newborn Routine	885,316		443,856		Medicaid Inpatient Days	5,303
5. Intern-Resident	0		0		Medicaid Newborn IP Days	61
6. Home Health					Medicare Inpatient Days	19,147
7. Malpractice					Prospective Inflation factor	1.0908102229
8. Adjustments	-1,319,405	-598,258	-148,188	-42,877	Medicaid Paid Claims	24,913
9. Total Cost	82,406,764	37,365,693	9,255,450	2,677,968	Property Rate Allowance	0.80
10. Charges	\$453,578,412	\$284,373,451	\$42,614,475	19,229,151	First Semester in effect:	2011/01
11. Fixed Costs	12,917,864.00		1,213,655.63		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)		
	1. Normalized Rate	1,702.97		122.10	921.62	162.81	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	896.75	104.40	Cost Report DRI Index	1.839	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,670.83	176.43	FPLI	0.9603	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	9,255,450.06	2,677,968.36
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,213,655.63	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	8,041,794.43	2,677,968.36
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,772,071.58	2,921,155.26
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,364	24,913
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,635.36	117.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	915.79	107.68
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	915.79	107.68
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county	1,670.83	176.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	941.19	167.92
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	941.19	167.92
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	915.79	107.68
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	181.01	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,096.80	107.68
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$42,614,475.00	19,229,151.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,944.53	771.85
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,665.97	841.94
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,096.80	\$107.68
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$278.01	\$24.15
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	126.27	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	945.06	83.53



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

119849 - 2011/07

849.03 / 90.65

Town and Country Hospital

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,346,660	16,819,631	995,645	981,951	Total Bed Days	67,890
2. Routine	9,636,711		677,198		Total Inpatient Days	18,591
3. Special Care	2,749,229		67,025		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,276
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,589
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	0	0	0	0	Medicaid Paid Claims	9,805
9. Total Cost	28,732,600	16,819,631	1,739,868	981,951	Property Rate Allowance	0.80
10. Charges	\$138,011,526	\$113,019,860	\$8,216,596	8,814,642	First Semester in effect:	2011/01
11. Fixed Costs	5,384,495.00		320,569.02		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,321.51		118.99	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,626.63	171.76	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,739,868.00	981,951.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 320,569.02	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,419,298.98	981,951.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,576,474.94	1,090,694.19
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,276	9,805
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,235.48	111.24
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,235.48	111.24
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL) * Partial Exemption: IP% : 1.67 OP% : 1.67	648.05	90.65
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	200.98	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	849.03	90.65
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$8,216,596.00	8,814,642.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,439.34	898.99
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,152.45	998.55
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$849.03	\$90.65
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$215.20	\$20.33
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	215.20	20.33
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	849.03	90.65



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

119849 - 2011/07

626.38 / 70.05

County Billing ONLY

Town and Country Hospital

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,346,660	16,819,631	995,645	981,951	Total Bed Days	67,890
2. Routine	9,636,711		677,198		Total Inpatient Days	18,591
3. Special Care	2,749,229		67,025		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,276
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,589
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	0	0	0	0	Medicaid Paid Claims	9,805
9. Total Cost	28,732,600	16,819,631	1,739,868	981,951	Property Rate Allowance	0.80
10. Charges	\$138,011,526	\$113,019,860	\$8,216,596	8,814,642	First Semester in effect:	2011/01
11. Fixed Costs	5,384,495.00		320,569.02		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,321.51		118.99	County Ceiling Base	908.15	164.39
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	624.81	87.55	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,626.63	171.76	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,739,868.00	981,951.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 320,569.02	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,419,298.98	981,951.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,576,474.94	1,090,694.19
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,276	9,805
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,235.48	111.24
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	638.08	90.30
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	638.08	90.30
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,626.63	171.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	927.43	169.55
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	927.43	169.55
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	638.08	90.30
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	200.98	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	839.06	90.30
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$8,216,596.00	8,814,642.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,439.34	898.99
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,152.45	998.55
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$839.06	\$90.30
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$212.68	\$20.25
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	626.38	70.05



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

119881 - 2011/07

713.67 / 78.97

Regional Medical Center Bayonet Point

Type of Control: Proprietary(1)
 Fiscal Year : 3/1/2009-2/28/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	64,800,168	26,440,274	2,767,792	1,011,295	Total Bed Days	97,820
2. Routine	31,323,978		1,591,350		Total Inpatient Days	62,631
3. Special Care	17,225,334		883,798		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,288
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	27,909
7. Malpractice					Prospective Inflation factor	1.1009879254
8. Adjustments	-1,759,805	-410,498	-81,399	-15,701	Medicaid Paid Claims	9,447
9. Total Cost	111,589,675	26,029,776	5,161,541	995,594	Property Rate Allowance	0.80
10. Charges	\$791,133,035	\$244,389,405	\$36,040,367	11,184,554	First Semester in effect:	2011/01
11. Fixed Costs	12,603,752.00		574,168.73		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,597.42		120.66	County Ceiling Base	821.44	160.90
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	799.32	98.69	Cost Report DRI Index	1.822
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,673.09	176.67	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,161,540.84	995,594.16
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 574,168.73	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,587,372.11	995,594.16
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,050,641.31	1,096,137.15
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,288	9,447
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,536.08	116.03
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	816.29	101.79
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	816.29	101.79
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	1,673.09	176.67
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	838.88	165.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	838.88	165.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	816.29	101.79
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	139.70	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	955.99	101.79
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$36,040,367.00	11,184,554.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,961.18	1,183.93
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,068.13	1,303.49
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$955.99	\$101.79
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$242.32	\$22.82
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	713.67	78.97



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

119938 - 2011/07

731.25 / 15.15

Kindred Hospital - Coral Gables

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2009-8/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,175,287	96,426	16,454	0	Total Bed Days	19,345
2. Routine	10,567,182		34,531		Total Inpatient Days	16,369
3. Special Care	1,575,038		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	50
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0727272727
8. Adjustments	-336,561	-1,522	-805	0	Medicaid Paid Claims	0
9. Total Cost	20,980,946	94,904	50,180	0	Property Rate Allowance	0.80
10. Charges	\$96,160,885	\$1,012,747	\$239,228	0	First Semester in effect:	2011/07
11. Fixed Costs	2,837,872.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	986.96		0.00	County Ceiling Base	981.34	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	823.36	NA	Cost Report DRI Index	1.870
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	2,096.06	221.33	FPLI	1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	20,980,946.37	
AB	Total Fixed Costs	(-) 2,837,872.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	18,143,074.37	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	19,462,570.69	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	16,369	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,188.99	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	840.84	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	840.84	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,096.06	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,002.18	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,002.18	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	840.84	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	138.69	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	979.53	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$96,160,885.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,874.57	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	6,301.81	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$979.53	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$248.28	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	731.25	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

119946 - 2011/07

1,368.28 / 104.47

South Bay Hospital

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2009-8/31/2010

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	23,302,389	16,018,390	634,575	665,803	Total Bed Days	40,880
2. Routine	17,144,878		389,463		Total Inpatient Days	31,507
3. Special Care	3,012,690		154,398		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	805
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	19,281
7. Malpractice					Prospective Inflation factor	1.0727272727
8. Adjustments	-675,094	-248,825	-18,305	-10,342	Medicaid Paid Claims	6,401
9. Total Cost	42,784,863	15,769,565	1,160,131	655,461	Property Rate Allowance	0.80
10. Charges	\$315,764,434	\$149,040,446	\$8,270,499	6,969,524	First Semester in effect:	2011/07
11. Fixed Costs	5,306,594.00		138,990.26		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,455.50	117.50	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,626.63	171.76	FPLI	0.9349
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,160,130.52	655,460.61
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 138,990.26	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,021,140.26	655,460.61
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,095,405.01	703,130.47
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	805	6,401
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,360.75	109.85
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,360.75	109.85
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL) * Partial Exemption: IP% : 75.38 OP% : 75.38	1,230.16	104.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	138.13	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,368.28	104.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$8,270,499.00	6,969,524.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,273.91	1,088.82
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,021.10	1,168.01
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,368.28	\$104.47
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$346.82	\$23.43
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	346.81	23.42
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,368.28	104.47



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

119946 - 2011/07

722.94 / 68.27

County Billing ONLY

South Bay Hospital

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2009-8/31/2010

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	23,302,389	16,018,390	634,575	665,803	Total Bed Days	40,880
2. Routine	17,144,878		389,463		Total Inpatient Days	31,507
3. Special Care	3,012,690		154,398		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	805
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	19,281
7. Malpractice					Prospective Inflation factor	1.0727272727
8. Adjustments	-675,094	-248,825	-18,305	-10,342	Medicaid Paid Claims	6,401
9. Total Cost	42,784,863	15,769,565	1,160,131	655,461	Property Rate Allowance	0.80
10. Charges	\$315,764,434	\$149,040,446	\$8,270,499	6,969,524	First Semester in effect:	2011/07
11. Fixed Costs	5,306,594.00		138,990.26		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,455.50	117.50	908.15	164.39	85.32	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	813.01	183.72	171.76	FPLI Year Used	1.870
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90	1,626.63		FPLI	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,160,130.52	655,460.61
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 138,990.26	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,021,140.26	655,460.61
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,095,405.01	703,130.47
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	805	6,401
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,360.75	109.85
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	830.27	88.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	830.27	88.00
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,626.63	171.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	927.43	169.55
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	927.43	169.55
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	830.27	88.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	138.13	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	968.40	88.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$8,270,499.00	6,969,524.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,273.91	1,088.82
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,021.10	1,168.01
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$968.40	\$88.00
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$245.46	\$19.73
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	722.94	68.27



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

119954 - 2011/07

819.33 / 75.02

Doctors Hospital Of Sarasota

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	37,652,492	21,815,416	464,187	325,599	Total Bed Days	61,320
2. Routine	18,197,667		283,523		Total Inpatient Days	27,231
3. Special Care	3,713,047		86,032		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	471
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,869
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-959,565	-351,447	-13,432	-5,245	Medicaid Paid Claims	3,634
9. Total Cost	58,603,641	21,463,969	820,310	320,354	Property Rate Allowance	0.80
10. Charges	\$345,512,764	\$161,818,898	\$4,836,400	2,810,471	First Semester in effect:	2011/01
11. Fixed Costs	6,639,613.00		92,939.62		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,743.93		99.55	County Ceiling Base	920.12	167.70
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	957.95	93.77	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,711.37	180.71	FPLI	0.9836

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	820,310.39	320,353.59
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 92,939.62	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	727,370.77	320,353.59
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	807,921.25	355,830.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	471	3,634
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,715.33	97.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	978.29	96.71
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	978.29	96.71
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county	1,711.37	180.71
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	939.66	172.97
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	939.66	172.97
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	939.66	96.71
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	157.86	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,097.52	96.71
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$4,836,400.00	2,810,471.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,268.37	773.38
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,405.51	859.03
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,097.52	\$96.71
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$278.19	\$21.69
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	819.33	75.02



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

119971 - 2011/07

1,208.10 / 76.72

St. Lucie Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2009-9/30/2010
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: St Lucie (56)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	48,778,010	23,599,916	4,772,538	2,178,170	Total Bed Days	83,585
2. Routine	30,827,652		2,601,467		Total Inpatient Days	48,768
3. Special Care	5,935,542		288,475		Total Newborn Days	1,699
4. Newborn Routine	341,083		282,670		Medicaid Inpatient Days	4,149
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	25,568
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-1,733,614	-476,386	-160,380	-43,968	Medicaid Paid Claims	23,065
9. Total Cost	84,148,673	23,123,530	7,784,770	2,134,202	Property Rate Allowance	0.80
10. Charges	\$621,116,970	\$205,485,741	\$46,103,473	19,321,083	First Semester in effect:	2011/07
11. Fixed Costs	9,953,768.00		738,835.51		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,770.33	96.46	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,783.75	188.35	FPLI	1.0252
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,784,769.76	2,134,201.61
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 738,835.51	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,045,934.25	2,134,201.61
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,530,178.00	2,280,878.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,149	23,065
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,814.94	98.89
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,814.94	98.89
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0252) for St Lucie county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,814.94	98.89
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	142.46	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,957.40	98.89
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$46,103,473.00	19,321,083.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,111.95	837.68
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,875.64	895.25
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,957.40	\$98.89
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$496.15	\$22.17
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	253.15	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,208.10	76.72



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

119971 - 2011/07

694.12 / 76.72

County Billing ONLY

St. Lucie Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2009-9/30/2010
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: St Lucie (56)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	48,778,010	23,599,916	4,772,538	2,178,170	Total Bed Days	83,585
2. Routine	30,827,652		2,601,467		Total Inpatient Days	48,768
3. Special Care	5,935,542		288,475		Total Newborn Days	1,699
4. Newborn Routine	341,083		282,670		Medicaid Inpatient Days	4,149
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	25,568
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-1,733,614	-476,386	-160,380	-43,968	Medicaid Paid Claims	23,065
9. Total Cost	84,148,673	23,123,530	7,784,770	2,134,202	Property Rate Allowance	0.80
10. Charges	\$621,116,970	\$205,485,741	\$46,103,473	19,321,083	First Semester in effect:	2011/07
11. Fixed Costs	9,953,768.00		738,835.51		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,770.33		96.46	953.23	168.54	168.54
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	770.97	98.14	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,783.75	188.35	FPLI	1.0252

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,784,769.76	2,134,201.61
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 738,835.51	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,045,934.25	2,134,201.61
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,530,178.00	2,280,878.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,149	23,065
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,814.94	98.89
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	787.34	101.22
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	787.34	98.89
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0252) for St Lucie county	1,783.75	188.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	973.47	173.83
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	973.47	173.83
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	787.34	98.89
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	142.46	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	929.80	98.89
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$46,103,473.00	19,321,083.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,111.95	837.68
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,875.64	895.25
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$929.80	\$98.89
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$235.68	\$22.17
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	694.12	76.72



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

119989 - 2011/07

633.39 / 70.55

Seven Rivers Community Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2009-5/31/2010
 Hospital Classification: General

Type of Action: Amended Cost Report [2]

County: Citrus (9)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	25,792,061	17,850,068	2,621,693	1,540,551	Total Bed Days 46,720
2. Routine	13,689,970		1,143,430		Total Inpatient Days 28,620
3. Special Care	4,059,360		379,632		Total Newborn Days 552
4. Newborn Routine	148,514		117,306		Medicaid Inpatient Days 2,615
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 17,742
7. Malpractice					Prospective Inflation factor 1.0860855441
8. Adjustments	-742,522	-303,367	-72,435	-26,182	Medicaid Paid Claims 18,086
9. Total Cost	42,947,383	17,546,701	4,189,626	1,514,369	Property Rate Allowance 0.80
10. Charges	\$257,057,572	\$125,862,089	\$21,883,533	13,144,968	First Semester in effect: 2011/07
11. Fixed Costs	5,190,862.00		441,902.56		Last Rate Semester in Effect: 2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,751.48	102.33	819.59	152.42	2,006.0	2.0060	
2. Base Rate Semester	2011/01	2011/01	698.43	96.07	1.847	1.847	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90	183.72	2008	2008	
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	1,546.25	163.27	0.8887	0.8887	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,189,626.08	1,514,368.91
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 441,902.56	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,747,723.52	1,514,368.91
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,070,348.34	1,644,734.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,615	18,086
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,556.54	90.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	713.26	99.09
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	713.26	90.94
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8887) for Citrus county	1,546.25	163.27
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	836.99	157.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	836.99	157.21
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	713.26	90.94
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	135.19	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	848.45	90.94
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$21,883,533.00	13,144,968.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,368.46	726.80
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,088.86	789.37
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$848.45	\$90.94
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$215.06	\$20.39
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	633.39	70.55



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120006 - 2011/07

1,047.15 / 80.66

Plantation General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2009-8/31/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	31,645,977	18,786,806	10,131,534	2,650,609	Total Bed Days	96,360
2. Routine	25,829,516		5,608,135		Total Inpatient Days	49,668
3. Special Care	17,967,795		7,524,775		Total Newborn Days	6,318
4. Newborn Routine	894,531		357,348		Medicaid Inpatient Days	15,513
5. Intern-Resident	0		0		Medicaid Newborn IP Days	37
6. Home Health					Medicare Inpatient Days	5,575
7. Malpractice					Prospective Inflation factor	1.0727272727
8. Adjustments	-1,193,904	-293,821	-369,439	-41,455	Medicaid Paid Claims	26,919
9. Total Cost	75,143,915	18,492,985	23,252,353	2,609,154	Property Rate Allowance	0.80
10. Charges	\$459,585,782	\$178,044,913	\$142,111,743	22,392,196	First Semester in effect:	2011/07
11. Fixed Costs	6,263,314.00		1,936,723.25		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,359.03	96.10	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,882.57	198.79	FPLI	1.0820
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	23,252,353.17	2,609,154.15
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,936,723.25	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	21,315,629.92	2,609,154.15
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	22,865,857.55	2,798,910.82
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	15,550	26,919
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,470.47	103.98
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,470.47	103.98
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,470.47	103.98
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	99.64	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,570.11	103.98
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$142,111,743.00	22,392,196.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,139.02	831.84
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,803.68	892.34
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,570.11	\$103.98
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$397.98	\$23.32
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	124.98	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,047.15	80.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120006 - 2011/07

793.41 / 80.66

County Billing ONLY

Plantation General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2009-8/31/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	31,645,977	18,786,806	10,131,534	2,650,609	Total Bed Days	96,360
2. Routine	25,829,516		5,608,135		Total Inpatient Days	49,668
3. Special Care	17,967,795		7,524,775		Total Newborn Days	6,318
4. Newborn Routine	894,531		357,348		Medicaid Inpatient Days	15,513
5. Intern-Resident	0		0		Medicaid Newborn IP Days	37
6. Home Health					Medicare Inpatient Days	5,575
7. Malpractice					Prospective Inflation factor	1.0727272727
8. Adjustments	-1,193,904	-293,821	-369,439	-41,455	Medicaid Paid Claims	26,919
9. Total Cost	75,143,915	18,492,985	23,252,353	2,609,154	Property Rate Allowance	0.80
10. Charges	\$459,585,782	\$178,044,913	\$142,111,743	22,392,196	First Semester in effect:	2011/07
11. Fixed Costs	6,263,314.00		1,936,723.25		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,359.03	96.10	946.66	188.05	115.99	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	943.14	183.72	198.79	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90	1,882.57		FPLI	1.0820
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	23,252,353.17	2,609,154.15
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,936,723.25	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	21,315,629.92	2,609,154.15
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	22,865,857.55	2,798,910.82
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	15,550	26,919
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,470.47	103.98
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	963.16	119.63
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	963.16	103.98
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,882.57	198.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	966.76	193.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	966.76	193.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	963.16	103.98
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	99.64	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,062.80	103.98
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$142,111,743.00	22,392,196.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,139.02	831.84
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,803.68	892.34
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,062.80	\$103.98
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$269.39	\$23.32
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	793.41	80.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120014 - 2011/07

668.08 / 71.15

Sebastian Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2009-9/30/2010
 Hospital Classification: General

Type of Action: Amended Cost Report [2]

County: Indian River (31)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,459,057	18,413,625	505,322	1,046,038	Total Bed Days	42,705
2. Routine	12,778,130		478,915		Total Inpatient Days	21,436
3. Special Care	3,006,759		79,674		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	801
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,936
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-474,955	-271,234	-15,671	-15,408	Medicaid Paid Claims	12,009
9. Total Cost	31,768,991	18,142,391	1,048,240	1,030,630	Property Rate Allowance	0.80
10. Charges	\$208,397,654	\$182,367,788	\$6,961,846	11,152,437	First Semester in effect:	2011/07
11. Fixed Costs	4,445,678.00		148,514.75		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,265.23		96.67	County Ceiling Base	902.50	154.24
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	731.07	94.00	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,650.82	174.31	FPLI	0.9488

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,048,239.53	1,030,629.80
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 148,514.75	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	899,724.78	1,030,629.80
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	961,559.89	1,101,461.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	801	12,009
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,200.45	91.72
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	746.59	96.95
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	746.59	91.72
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9488) for Indian River county	1,650.82	174.31
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	921.66	159.08
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	921.66	159.08
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	746.59	91.72
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	148.33	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	894.92	91.72
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$6,961,846.00	11,152,437.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,691.44	928.67
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,288.77	992.49
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$894.92	\$91.72
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$226.84	\$20.57
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	668.08	71.15



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120022 - 2011/07

507.20 / 15.15

St. Catherine's Rehabilitation Hospital

Type of Control: Non-Profit (Church) (2)
 Fiscal Year : 10/1/2009-9/30/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,232,870	931,412	675,079	0	Total Bed Days	21,900
2. Routine	11,443,858		1,195,276		Total Inpatient Days	17,272
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,804
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,969
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-325,942	-14,005	-28,124	0	Medicaid Paid Claims	0
9. Total Cost	21,350,786	917,407	1,842,231	0	Property Rate Allowance	0.80
10. Charges	\$51,438,098	\$2,368,073	\$4,422,312	0	First Semester in effect:	2011/07
11. Fixed Costs	2,163,524.00		186,005.68		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	814.46		0.00	County Ceiling Base	981.34	NA
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	584.51	NA	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	2,096.06	221.33	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,842,231.43	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 186,005.68	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,656,225.75	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,770,052.67	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,804	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	981.18	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	596.92	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	596.92	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,096.06	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,002.18	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,002.18	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	596.92	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	82.49	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	679.41	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$4,422,312.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,451.39	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,619.87	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$679.41	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$172.21	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	507.20	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

120057 - 2011/07

836.96 / 127.48

Healthsouth Larkin Hospital-Miami

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,063,768	5,753,939	1,409,331	426,981	Total Bed Days	47,450
2. Routine	18,122,547		1,690,745		Total Inpatient Days	29,518
3. Special Care	3,048,619		251,432		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,721
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,527
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-568,163	-87,799	-51,140	-6,515	Medicaid Paid Claims	2,575
9. Total Cost	36,666,771	5,666,140	3,300,368	420,466	Property Rate Allowance	0.80
10. Charges	\$146,175,892	\$31,187,336	\$15,458,104	1,924,870	First Semester in effect:	2011/01
11. Fixed Costs	2,986,559.00		315,828.68		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,011.31		150.55	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	2,096.06	221.33	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,300,367.75	420,465.75
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 315,828.68	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,984,539.07	420,465.75
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,315,052.81	467,028.96
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,721	2,575
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,218.32	181.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,218.32	181.37
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,218.32	181.37
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	92.86	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,311.18	181.37
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$15,458,104.00	1,924,870.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,681.04	747.52
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,310.17	830.30
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,311.18	\$181.37
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$332.35	\$40.67
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	141.87	13.23
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	836.96	127.48



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120057 - 2011/07

548.91 / 100.62

County Billing ONLY

Healthsouth Larkin Hospital-Miami

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,063,768	5,753,939	1,409,331	426,981	Total Bed Days	47,450
2. Routine	18,122,547		1,690,745		Total Inpatient Days	29,518
3. Special Care	3,048,619		251,432		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,721
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,527
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-568,163	-87,799	-51,140	-6,515	Medicaid Paid Claims	2,575
9. Total Cost	36,666,771	5,666,140	3,300,368	420,466	Property Rate Allowance	0.80
10. Charges	\$146,175,892	\$31,187,336	\$15,458,104	1,924,870	First Semester in effect:	2011/01
11. Fixed Costs	2,986,559.00		315,828.68		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,011.31		150.55	County Ceiling Base	981.34	201.51
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	629.07	125.76	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	2,096.06	221.33	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,300,367.75	420,465.75
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 315,828.68	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,984,539.07	420,465.75
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,315,052.81	467,028.96
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,721	2,575
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,218.32	181.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	642.43	129.71
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	642.43	129.71
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,096.06	221.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,002.18	207.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,002.18	207.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	642.43	129.71
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	92.86	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	735.29	129.71
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$15,458,104.00	1,924,870.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,681.04	747.52
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,310.17	830.30
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$735.29	\$129.71
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$186.38	\$29.09
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	548.91	100.62



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120073 - 2011/07

563.91 / 59.22

Oak Hill Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 3/1/2009-2/28/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Hernando (27)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	54,136,696	22,422,412	1,475,351	686,972	Total Bed Days	77,430
2. Routine	28,993,272		820,126		Total Inpatient Days	58,895
3. Special Care	14,724,663		430,376		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,830
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	32,981
7. Malpractice					Prospective Inflation factor	1.1009879254
8. Adjustments	-300,648	-68,891	-8,375	-2,111	Medicaid Paid Claims	7,070
9. Total Cost	97,553,983	22,353,521	2,717,478	684,861	Property Rate Allowance	0.80
10. Charges	\$865,325,704	\$271,188,091	\$23,009,373	9,690,735	First Semester in effect:	2011/01
11. Fixed Costs	10,506,847.00		279,381.46		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,617.42		117.60	County Ceiling Base	855.60	163.39
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	620.08	74.02	Cost Report DRI Index	1.822
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,577.92	166.62	FPLI	0.9069

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,717,478.09	684,861.35
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 279,381.46	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,438,096.63	684,861.35
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,684,314.95	754,024.08
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,830	7,070
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,466.84	106.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	633.25	76.34
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	633.25	76.34
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9069) for Hernando county	1,577.92	166.62
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	873.77	168.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	873.77	166.62
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	633.25	76.34
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	122.13	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	755.38	76.34
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$23,009,373.00	9,690,735.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,573.43	1,370.68
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	13,843.19	1,509.10
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$755.38	\$76.34
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$191.47	\$17.12
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	563.91	59.22



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120081 - 2011/07

1,888.65 / 141.01

Mease Hospital Countryside

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	65,767,904	62,277,308	4,318,882	2,058,881	Total Bed Days	112,055
2. Routine	43,248,210		2,223,083		Total Inpatient Days	65,211
3. Special Care	14,079,070		1,342,633		Total Newborn Days	8,368
4. Newborn Routine	2,981,801		428,665		Medicaid Inpatient Days	4,326
5. Intern-Resident	0		0		Medicaid Newborn IP Days	38
6. Home Health					Medicare Inpatient Days	30,515
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-1,815,360	-896,720	-119,701	-29,645	Medicaid Paid Claims	15,984
9. Total Cost	124,261,625	61,380,588	8,193,562	2,029,236	Property Rate Allowance	0.80
10. Charges	\$478,036,973	\$374,583,401	\$27,622,285	10,774,656	First Semester in effect:	2011/01
11. Fixed Costs	19,839,823.00		1,146,399.29		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,895.66	149.03	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,646.29	173.84	FPLI	0.9462
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,193,561.80	2,029,235.54
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,146,399.29	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,047,162.51	2,029,235.54
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,827,579.18	2,253,957.08
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,364	15,984
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,793.67	141.01
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,793.67	141.01
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,793.67	141.01
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	210.16	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,003.83	141.01
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$27,622,285.00	10,774,656.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,329.58	674.09
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,030.53	748.74
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,003.83	\$141.01
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$507.92	\$31.62
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	392.74	31.62
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,888.65	141.01



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

120081 - 2011/07

763.42 / 69.68

County Billing ONLY

Mease Hospital Countryside

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	65,767,904	62,277,308	4,318,882	2,058,881	Total Bed Days	112,055
2. Routine	43,248,210		2,223,083		Total Inpatient Days	65,211
3. Special Care	14,079,070		1,342,633		Total Newborn Days	8,368
4. Newborn Routine	2,981,801		428,665		Medicaid Inpatient Days	4,326
5. Intern-Resident	0		0		Medicaid Newborn IP Days	38
6. Home Health					Medicare Inpatient Days	30,515
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-1,815,360	-896,720	-119,701	-29,645	Medicaid Paid Claims	15,984
9. Total Cost	124,261,625	61,380,588	8,193,562	2,029,236	Property Rate Allowance	0.80
10. Charges	\$478,036,973	\$374,583,401	\$27,622,285	10,774,656	First Semester in effect:	2011/01
11. Fixed Costs	19,839,823.00		1,146,399.29		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,895.66		149.03	906.27	164.03	Semester DRI Index
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	795.58	87.09	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,646.29	173.84	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,193,561.80	2,029,235.54
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,146,399.29	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,047,162.51	2,029,235.54
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,827,579.18	2,253,957.08
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,364	15,984
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,793.67	141.01
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	812.47	89.82
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	812.47	89.82
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,646.29	173.84
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	925.51	169.18
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	925.51	169.18
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	812.47	89.82
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	210.16	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,022.63	89.82
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$27,622,285.00	10,774,656.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,329.58	674.09
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,030.53	748.74
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,022.63	\$89.82
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$259.21	\$20.14
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	763.42	69.68



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120090 - 2011/07

897.60 / 108.95

Delray Comm. Hosp.

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Amended Cost Report [2]
 : Rate Includes Buy Back

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	97,894,209	43,263,038	4,560,013	714,907	Total Bed Days	169,725
2. Routine	59,411,391		1,702,422		Total Inpatient Days	96,122
3. Special Care	19,906,255		1,433,416		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,576
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	54,466
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-2,695,559	-658,072	-117,061	-10,874	Medicaid Paid Claims	6,206
9. Total Cost	174,516,296	42,604,966	7,578,790	704,033	Property Rate Allowance	0.80
10. Charges	\$1,098,344,545	\$315,212,618	\$46,415,992	5,695,282	First Semester in effect:	2011/01
11. Fixed Costs	12,685,481.00		536,087.87		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	2,133.97	122.92	984.29	177.82	2,006.0	Cost Report DRI Index	1.806
2. Base Rate Semester	2011/01	2011/01	761.50	105.63	2008	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90	183.72	1.0251	FPLI	1.0251
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	1,783.57	188.33			

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,578,789.85	704,032.59
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 536,087.87	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,042,701.98	704,032.59
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,822,624.68	781,998.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,576	6,206
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,187.53	126.01
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	777.67	108.95
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	777.67	108.95
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,783.57	188.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,005.19	183.40
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,005.19	183.40
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	777.67	108.95
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	119.93	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	897.60	108.95
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$46,415,992.00	5,695,282.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,979.86	917.71
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	14,417.28	1,019.34
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$897.60	\$108.95
AU	Medicaid Trend Adjustment IP% : 24.186 OP% : 21.591	\$217.09	\$23.52
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	217.09	23.52
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	897.60	108.95



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120103 - 2011/07

1,080.35 / 92.93

St. Petersburg General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 5/1/2009-4/30/2010
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	31,296,436	19,805,676	4,031,966	1,565,080	Total Bed Days	79,935
2. Routine	20,014,045		2,394,212		Total Inpatient Days	40,373
3. Special Care	6,955,255		720,591		Total Newborn Days	3,062
4. Newborn Routine	1,659,563		997,804		Medicaid Inpatient Days	4,866
5. Intern-Resident	0		0		Medicaid Newborn IP Days	213
6. Home Health					Medicare Inpatient Days	16,754
7. Malpractice					Prospective Inflation factor	1.0908102229
8. Adjustments	-982,495	-324,721	-133,533	-25,660	Medicaid Paid Claims	13,224
9. Total Cost	58,942,804	19,480,955	8,011,040	1,539,420	Property Rate Allowance	0.80
10. Charges	\$516,821,261	\$224,109,699	\$51,852,273	17,569,433	First Semester in effect:	2011/01
11. Fixed Costs	6,576,644.00		659,829.55		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,668.58	134.20	Exempt	Exempt	Exempt	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,646.29	173.84	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,011,040.00	1,539,419.99
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 659,829.55	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,351,210.45	1,539,419.99
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,018,775.51	1,679,215.06
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,079	13,224
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,578.81	126.98
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,578.81	126.98
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,578.81	126.98
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	103.93	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,682.74	126.98
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$51,852,273.00	17,569,433.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,209.15	1,328.60
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,136.25	1,449.25
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,682.74	\$126.98
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$426.53	\$28.47
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	175.86	5.57
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,080.35	92.93



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120103 - 2011/07

723.31 / 81.62

County Billing ONLY

St. Petersburg General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 5/1/2009-4/30/2010
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	31,296,436	19,805,676	4,031,966	1,565,080	Total Bed Days	79,935
2. Routine	20,014,045		2,394,212		Total Inpatient Days	40,373
3. Special Care	6,955,255		720,591		Total Newborn Days	3,062
4. Newborn Routine	1,659,563		997,804		Medicaid Inpatient Days	4,866
5. Intern-Resident	0		0		Medicaid Newborn IP Days	213
6. Home Health					Medicare Inpatient Days	16,754
7. Malpractice					Prospective Inflation factor	1.0908102229
8. Adjustments	-982,495	-324,721	-133,533	-25,660	Medicaid Paid Claims	13,224
9. Total Cost	58,942,804	19,480,955	8,011,040	1,539,420	Property Rate Allowance	0.80
10. Charges	\$516,821,261	\$224,109,699	\$51,852,273	17,569,433	First Semester in effect:	2011/01
11. Fixed Costs	6,576,644.00		659,829.55		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,668.58	134.20	906.27	164.03	102.01	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	846.99	183.72	173.84	FPLI Year Used	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90			FPLI	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	1,646.29				0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,011,040.00	1,539,419.99
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 659,829.55	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,351,210.45	1,539,419.99
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,018,775.51	1,679,215.06
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,079	13,224
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,578.81	126.98
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	864.97	105.21
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	864.97	105.21
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,646.29	173.84
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	925.51	169.18
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	925.51	169.18
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	864.97	105.21
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	103.93	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	968.90	105.21
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$51,852,273.00	17,569,433.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,209.15	1,328.60
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,136.25	1,449.25
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$968.90	\$105.21
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$245.59	\$23.59
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	723.31	81.62



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120111 - 2011/07

736.14 / 98.49

Palms Of Pasadena Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 12/1/2008-11/30/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	27,195,965	16,735,421	935,057	332,705	Total Bed Days	112,055
2. Routine	15,191,252		759,231		Total Inpatient Days	29,888
3. Special Care	4,848,438		485,349		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,761
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,921
7. Malpractice					Prospective Inflation factor	1.1144444444
8. Adjustments	-736,029	-260,772	-33,963	-5,184	Medicaid Paid Claims	2,242
9. Total Cost	46,499,626	16,474,649	2,145,674	327,521	Property Rate Allowance	0.80
10. Charges	\$188,794,081	\$89,021,000	\$6,411,470	1,899,227	First Semester in effect:	2010/07
11. Fixed Costs	6,555,359.00		222,620.79		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)			OP (G)		Inflation/FPLI Data (H)	
	IP (F)	OP (F)		IP (G)	OP (G)		
1. Normalized Rate	1,286.20	172.06	County Ceiling Base	906.27	164.03	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	866.56	123.10	Cost Report DRI Index	1.800
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,646.29	173.84	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,145,673.77	327,520.77
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 222,620.79	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,923,052.98	327,520.77
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,143,135.71	365,003.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,761	2,242
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,217.00	162.80
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	884.96	126.96
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	884.96	126.96
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,646.29	173.84
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	925.51	169.18
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	925.51	169.18
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	884.96	126.96
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	101.13	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	986.09	126.96
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$6,411,470.00	1,899,227.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,640.81	847.11
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,057.48	944.06
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$986.09	\$126.96
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$249.95	\$28.47
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	736.14	98.49



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120138 - 2011/07

1,382.45 / 95.50

Kendall Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	69,001,201	46,100,381	12,596,150	4,871,763	Total Bed Days	150,380
2. Routine	40,082,161		4,936,789		Total Inpatient Days	72,657
3. Special Care	17,723,398		3,080,485		Total Newborn Days	4,646
4. Newborn Routine	1,693,962		1,027,106		Medicaid Inpatient Days	10,250
5. Intern-Resident	0		0		Medicaid Newborn IP Days	235
6. Home Health					Medicare Inpatient Days	19,102
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-2,067,801	-741,835	-348,234	-78,395	Medicaid Paid Claims	41,469
9. Total Cost	126,432,921	45,358,546	21,292,296	4,793,368	Property Rate Allowance	0.80
10. Charges	\$865,082,179	\$384,580,904	\$110,583,894	46,184,429	First Semester in effect:	2011/01
11. Fixed Costs	24,838,445.00		3,175,111.03		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,593.15	106.57	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,096.06	221.33	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	21,292,296.16	4,793,367.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,175,111.03	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	18,117,185.13	4,793,367.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	20,123,517.92	5,324,194.84
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	10,485	41,469
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,919.27	128.39
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,919.27	128.39
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,919.27	128.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	242.26	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,161.53	128.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$110,583,894.00	46,184,429.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,546.87	1,113.71
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,714.85	1,237.04
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,161.53	\$128.39
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$547.89	\$28.79
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	231.19	4.10
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,382.45	95.50



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

120138 - 2011/07

913.07 / 87.19

County Billing ONLY

Kendall Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	69,001,201	46,100,381	12,596,150	4,871,763	Total Bed Days	150,380
2. Routine	40,082,161		4,936,789		Total Inpatient Days	72,657
3. Special Care	17,723,398		3,080,485		Total Newborn Days	4,646
4. Newborn Routine	1,693,962		1,027,106		Medicaid Inpatient Days	10,250
5. Intern-Resident	0		0		Medicaid Newborn IP Days	235
6. Home Health					Medicare Inpatient Days	19,102
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-2,067,801	-741,835	-348,234	-78,395	Medicaid Paid Claims	41,469
9. Total Cost	126,432,921	45,358,546	21,292,296	4,793,368	Property Rate Allowance	0.80
10. Charges	\$865,082,179	\$384,580,904	\$110,583,894	46,184,429	First Semester in effect:	2011/01
11. Fixed Costs	24,838,445.00		3,175,111.03		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,593.15	106.57		981.34	201.51	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	960.44	108.97	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	2,096.06	221.33	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	21,292,296.16	4,793,367.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,175,111.03	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	18,117,185.13	4,793,367.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	20,123,517.92	5,324,194.84
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	10,485	41,469
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,919.27	128.39
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	980.83	112.39
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	980.83	112.39
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,096.06	221.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,002.18	207.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,002.18	207.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	980.83	112.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	242.26	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,223.09	112.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$110,583,894.00	46,184,429.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,546.87	1,113.71
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,714.85	1,237.04
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,223.09	\$112.39
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$310.02	\$25.20
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	913.07	87.19



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120227 - 2011/07

1,546.78 / 184.81

St Anthonys Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	49,503,388	39,738,827	3,076,283	1,896,800	Total Bed Days	89,790
2. Routine	39,565,144		2,399,128		Total Inpatient Days	60,661
3. Special Care	10,746,360		639,745		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,886
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	28,347
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-1,341,837	-534,219	-82,208	-25,499	Medicaid Paid Claims	11,247
9. Total Cost	98,473,055	39,204,608	6,032,948	1,871,301	Property Rate Allowance	0.80
10. Charges	\$372,125,524	\$232,473,299	\$24,507,522	9,873,110	First Semester in effect:	2010/07
11. Fixed Costs	15,585,316.00		1,026,421.06		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,512.39		195.32	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,646.29	173.84	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,032,948.41	1,871,300.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,026,421.06	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,006,527.35	1,871,300.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,560,960.06	2,078,532.38
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,886	11,247
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,431.02	184.81
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,431.02	184.81
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,431.02	184.81
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	211.31	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,642.33	184.81
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$24,507,522.00	9,873,110.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,306.62	877.84
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,005.03	975.05
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,642.33	\$184.81
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$416.29	\$41.44
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	176.45	16.04
AW	Buy Back of Medicaid Trend Adjustment	320.74	41.44
AX	Buy Back of Exemption Tier Adjustment	176.45	16.04
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,546.78	184.81



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

120227 - 2011/07

691.35 / 94.78

County Billing ONLY

St Anthonys Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	49,503,388	39,738,827	3,076,283	1,896,800	Total Bed Days	89,790
2. Routine	39,565,144		2,399,128		Total Inpatient Days	60,661
3. Special Care	10,746,360		639,745		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,886
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	28,347
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-1,341,837	-534,219	-82,208	-25,499	Medicaid Paid Claims	11,247
9. Total Cost	98,473,055	39,204,608	6,032,948	1,871,301	Property Rate Allowance	0.80
10. Charges	\$372,125,524	\$232,473,299	\$24,507,522	9,873,110	First Semester in effect:	2010/07
11. Fixed Costs	15,585,316.00		1,026,421.06		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)		
	1. Normalized Rate	1,512.39		195.32	906.27	164.03	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	699.92	118.45	Cost Report DRI Index	1.806	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,646.29	173.84	FPLI	0.9462	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,032,948.41	1,871,300.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,026,421.06	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,006,527.35	1,871,300.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,560,960.06	2,078,532.38
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,886	11,247
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,431.02	184.81
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	714.78	122.17
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	714.78	122.17
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,646.29	173.84
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	925.51	169.18
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	925.51	169.18
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	714.78	122.17
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	211.31	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	926.09	122.17
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$24,507,522.00	9,873,110.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,306.62	877.84
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,005.03	975.05
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$926.09	\$122.17
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$234.74	\$27.39
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	691.35	94.78



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120243 - 2011/07

1,932.95 / 114.60

W. Boca Med. Ctr.

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: Self Exempt

Type of Action: Amended Cost Report [2]
 : Rate Includes Buy Back

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	41,388,703	27,150,890	4,822,872	1,625,670	Total Bed Days	68,635
2. Routine	21,430,364		1,717,565		Total Inpatient Days	43,151
3. Special Care	13,755,423		3,178,040		Total Newborn Days	4,296
4. Newborn Routine	1,779,451		525,632		Medicaid Inpatient Days	5,603
5. Intern-Resident	0		0		Medicaid Newborn IP Days	30
6. Home Health					Medicare Inpatient Days	11,077
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-1,389,468	-481,473	-181,661	-28,828	Medicaid Paid Claims	15,477
9. Total Cost	76,964,473	26,669,417	10,062,448	1,596,842	Property Rate Allowance	0.80
10. Charges	\$315,686,640	\$143,234,843	\$37,110,645	6,498,548	First Semester in effect:	2011/01
11. Fixed Costs	7,896,074.00		928,225.53		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,757.03	111.79	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,783.57	188.33	FPLI	1.0251
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,062,447.90	1,596,841.63
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 928,225.53	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,134,222.37	1,596,841.63
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,145,764.16	1,773,679.02
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,633	15,477
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,801.13	114.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,801.13	114.60
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,801.13	114.60
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	131.83	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,932.96	114.60
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$37,110,645.00	6,498,548.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,588.08	419.88
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,317.66	466.38
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,932.96	\$114.60
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$489.95	\$25.70
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	489.95	25.70
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,932.95	114.60



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

120243 - 2011/07

848.82 / 79.49

County Billing ONLY

W. Boca Med. Ctr.

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: Self Exempt

Type of Action: Amended Cost Report [2]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	41,388,703	27,150,890	4,822,872	1,625,670	Total Bed Days	68,635
2. Routine	21,430,364		1,717,565		Total Inpatient Days	43,151
3. Special Care	13,755,423		3,178,040		Total Newborn Days	4,296
4. Newborn Routine	1,779,451		525,632		Medicaid Inpatient Days	5,603
5. Intern-Resident	0		0		Medicaid Newborn IP Days	30
6. Home Health					Medicare Inpatient Days	11,077
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-1,389,468	-481,473	-181,661	-28,828	Medicaid Paid Claims	15,477
9. Total Cost	76,964,473	26,669,417	10,062,448	1,596,842	Property Rate Allowance	0.80
10. Charges	\$315,686,640	\$143,234,843	\$37,110,645	6,498,548	First Semester in effect:	2011/01
11. Fixed Costs	7,896,074.00		928,225.53		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,757.03	111.79	984.29	177.82		Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	1,175.62	99.35		FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90	183.72		FPLI	1.0251
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	1,783.57	188.33			

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,062,447.90	1,596,841.63
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 928,225.53	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,134,222.37	1,596,841.63
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,145,764.16	1,773,679.02
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,633	15,477
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,801.13	114.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,200.58	102.47
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,200.58	102.47
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,783.57	188.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,005.19	183.40
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,005.19	183.40
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,005.19	102.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	131.83	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,137.02	102.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$37,110,645.00	6,498,548.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,588.08	419.88
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,317.66	466.38
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,137.02	\$102.47
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$288.20	\$22.98
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	848.82	79.49



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120260 - 2011/07

1,483.37 / 119.05

Palms West Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2009-5/31/2010
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	41,420,649	31,044,800	8,152,320	3,779,325	Total Bed Days	63,875
2. Routine	31,116,574		6,304,188		Total Inpatient Days	47,858
3. Special Care	5,289,217		834,094		Total Newborn Days	2,274
4. Newborn Routine	789,875		358,118		Medicaid Inpatient Days	9,802
5. Intern-Resident	0		0		Medicaid Newborn IP Days	93
6. Home Health					Medicare Inpatient Days	10,846
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-1,245,045	-491,656	-247,828	-59,853	Medicaid Paid Claims	30,927
9. Total Cost	77,371,270	30,553,144	15,400,892	3,719,472	Property Rate Allowance	0.80
10. Charges	\$503,973,481	\$258,657,085	\$83,628,130	29,718,083	First Semester in effect:	2011/07
11. Fixed Costs	10,564,856.00		1,753,106.43		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,461.32	127.42	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,783.57	188.33	FPLI	1.0251
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	15,400,891.52	3,719,471.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,753,106.43	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	13,647,785.09	3,719,471.90
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	14,822,662.09	4,039,664.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,895	30,927
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,498.00	130.62
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,498.00	130.62
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,498.00	130.62
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	141.74	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,639.74	130.62
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$83,628,130.00	29,718,083.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,451.55	960.91
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,179.11	1,043.63
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,639.74	\$130.62
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$415.63	\$29.29
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	156.37	11.57
AW	Buy Back of Medicaid Trend Adjustment	415.63	29.29
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,483.37	119.05



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120260 - 2011/07

750.25 / 66.27

County Billing ONLY

Palms West Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2009-5/31/2010
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	41,420,649	31,044,800	8,152,320	3,779,325	Total Bed Days	63,875
2. Routine	31,116,574		6,304,188		Total Inpatient Days	47,858
3. Special Care	5,289,217		834,094		Total Newborn Days	2,274
4. Newborn Routine	789,875		358,118		Medicaid Inpatient Days	9,802
5. Intern-Resident	0		0		Medicaid Newborn IP Days	93
6. Home Health					Medicare Inpatient Days	10,846
7. Malpractice					Prospective Inflation factor	1.0860855441
8. Adjustments	-1,245,045	-491,656	-247,828	-59,853	Medicaid Paid Claims	30,927
9. Total Cost	77,371,270	30,553,144	15,400,892	3,719,472	Property Rate Allowance	0.80
10. Charges	\$503,973,481	\$258,657,085	\$83,628,130	29,718,083	First Semester in effect:	2011/07
11. Fixed Costs	10,564,856.00		1,753,106.43		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,461.32	127.42	984.29	177.82	82.83	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	845.30	183.72	188.33	FPLI Year Used	1.847
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90			FPLI	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	1,783.57				1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	15,400,891.52	3,719,471.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,753,106.43	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	13,647,785.09	3,719,471.90
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	14,822,662.09	4,039,664.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,895	30,927
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,498.00	130.62
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	863.25	85.43
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	863.25	85.43
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,783.57	188.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,005.19	183.40
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,005.19	183.40
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	863.25	85.43
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	141.74	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,004.99	85.43
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$83,628,130.00	29,718,083.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,451.55	960.91
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,179.11	1,043.63
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,004.99	\$85.43
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$254.74	\$19.16
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	750.25	66.27



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120278 - 2011/07

431.53 / 43.68

HealthSouth Rehabilitation Hospital-Sunrise

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,986,568	3,268,989	207,764	201,653	Total Bed Days	45,990
2. Routine	15,944,276		277,360		Total Inpatient Days	30,295
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	527
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	20,638
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-462,074	-52,211	-7,748	-3,221	Medicaid Paid Claims	2,875
9. Total Cost	28,468,770	3,216,778	477,376	198,432	Property Rate Allowance	0.80
10. Charges	\$51,227,679	\$12,893,418	\$933,503	460,727	First Semester in effect:	2011/01
11. Fixed Costs	2,765,379.00		50,392.48		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	831.74		70.85	County Ceiling Base	946.66	181.52
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	491.12	54.59	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,882.57	198.79	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	477,375.76	198,432.27
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 50,392.48	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	426,983.28	198,432.27
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	474,268.25	220,407.05
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	527	2,875
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	899.94	76.66
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	501.55	56.30
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	501.55	56.30
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,882.57	198.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	966.76	187.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	966.76	187.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	501.55	56.30
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	76.50	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	578.05	56.30
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$933,503.00	460,727.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,771.35	160.25
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,967.51	178.00
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$578.05	\$56.30
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$146.52	\$12.62
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	431.53	43.68



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120294 - 2011/07

1,106.05 / 89.01

Jupiter Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	51,626,191	59,211,489	1,303,660	902,630	Total Bed Days	59,495
2. Routine	33,452,719		1,182,100		Total Inpatient Days	46,800
3. Special Care	7,130,208		227,302		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,769
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	24,729
7. Malpractice					Prospective Inflation factor	1.0687266915
8. Adjustments	-1,176,607	-755,551	-34,619	-11,518	Medicaid Paid Claims	7,379
9. Total Cost	91,032,511	58,455,938	2,678,443	891,112	Property Rate Allowance	0.80
10. Charges	\$405,210,186	\$372,387,678	\$10,888,235	6,470,765	First Semester in effect:	2011/07
11. Fixed Costs	15,839,758.00		425,623.57		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,327.69		125.90	County Ceiling Base	984.29	177.82
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	894.58	86.30	Cost Report DRI Index	1.877
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,783.57	188.33	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,678,442.77	891,112.26
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 425,623.57	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,252,819.20	891,112.26
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,407,648.01	952,355.46
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,769	7,379
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,361.02	129.06
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	913.57	89.01
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	913.57	89.01
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,783.57	188.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,005.19	183.40
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,005.19	183.40
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	913.57	89.01
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	192.48	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,106.05	89.01
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$10,888,235.00	6,470,765.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,155.02	876.92
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,578.03	937.19
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,106.05	\$89.01
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$280.35	\$19.96
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	280.35	19.96
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,106.05	89.01



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120308 - 2011/07

1,072.43 / 130.67

Columbia Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2009-6/30/2010
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	27,061,781	17,254,670	1,761,636	839,828	Total Bed Days	88,520
2. Routine	30,026,394		3,059,651		Total Inpatient Days	42,395
3. Special Care	3,366,021		381,846		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,491
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,450
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	-766,925	-218,894	-66,007	-10,654	Medicaid Paid Claims	5,849
9. Total Cost	59,687,271	17,035,776	5,137,126	829,174	Property Rate Allowance	0.80
10. Charges	\$315,184,015	\$150,958,988	\$27,932,309	7,231,863	First Semester in effect:	2011/07
11. Fixed Costs	6,534,238.00		579,078.72		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,070.09		149.47	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,783.57	188.33	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,137,125.76	829,173.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 579,078.72	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,558,047.04	829,173.90
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,926,423.69	896,186.88
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,491	5,849
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,096.95	153.22
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,096.95	153.22
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,096.95	153.22
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	103.15	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,200.10	153.22
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$27,932,309.00	7,231,863.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,219.62	1,236.43
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,722.28	1,336.36
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,200.10	\$153.22
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$304.19	\$34.36
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	127.67	22.55
AW	Buy Back of Medicaid Trend Adjustment	304.19	34.36
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,072.43	130.67



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120308 - 2011/07

509.04 / 50.53

County Billing ONLY

Columbia Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2009-6/30/2010
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	27,061,781	17,254,670	1,761,636	839,828	Total Bed Days	88,520
2. Routine	30,026,394		3,059,651		Total Inpatient Days	42,395
3. Special Care	3,366,021		381,846		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,491
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,450
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	-766,925	-218,894	-66,007	-10,654	Medicaid Paid Claims	5,849
9. Total Cost	59,687,271	17,035,776	5,137,126	829,174	Property Rate Allowance	0.80
10. Charges	\$315,184,015	\$150,958,988	\$27,932,309	7,231,863	First Semester in effect:	2011/07
11. Fixed Costs	6,534,238.00		579,078.72		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,070.09		149.47	County Ceiling Base	984.29	177.82
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	566.70	63.15	Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,783.57	188.33	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,137,125.76	829,173.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 579,078.72	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,558,047.04	829,173.90
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,926,423.69	896,186.88
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,491	5,849
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,096.95	153.22
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	578.73	65.13
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	578.73	65.13
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,783.57	188.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,005.19	183.40
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,005.19	183.40
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	578.73	65.13
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	103.15	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	681.88	65.13
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$27,932,309.00	7,231,863.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,219.62	1,236.43
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,722.28	1,336.36
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$681.88	\$65.13
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$172.84	\$14.60
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	509.04	50.53



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120324 - 2011/07

3,001.38 / 360.77

H L Moffitt Cancer Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: Specialized/Statutory Teaching

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	80,530,131	265,644,411	9,222,349	16,180,909	Total Bed Days	75,190
2. Routine	47,639,968		4,264,176		Total Inpatient Days	53,662
3. Special Care	11,773,286		698,858		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,699
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	17,405
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	-1,897,719	-3,602,303	-192,363	-219,423	Medicaid Paid Claims	47,819
9. Total Cost	138,045,666	262,042,108	13,993,020	15,961,486	Property Rate Allowance	0.80
10. Charges	\$435,941,358	\$998,513,494	\$38,845,955	64,522,046	First Semester in effect:	2011/07
11. Fixed Costs	40,779,796.00		3,633,814.71		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,548.65	385.89	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,626.63	171.76	FPLI	0.9349
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	13,993,020.41	15,961,485.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,633,814.71	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	10,359,205.70	15,961,485.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	11,196,425.99	17,251,476.61
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,699	47,819
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,382.73	360.77
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,382.73	360.77
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,382.73	360.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	618.65	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	3,001.38	360.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$38,845,955.00	64,522,046.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,266.86	1,349.30
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,934.98	1,458.35
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$3,001.38	\$360.77
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$760.77	\$80.90
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	128.81	48.95
AW	Buy Back of Medicaid Trend Adjustment	760.77	80.90
AX	Buy Back of Exemption Tier Adjustment	128.81	48.95
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	3,001.38	360.77



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120324 - 2011/07

1,850.29 / 131.53

County Billing ONLY

H L Moffitt Cancer Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2009-6/30/2010

Type of Action: Amended Cost Report [2]

County: Hillsborough (29)

District: 6

Hospital Classification: Specialized/Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	80,530,131	265,644,411	9,222,349	16,180,909	Total Bed Days	75,190
2. Routine	47,639,968		4,264,176		Total Inpatient Days	53,662
3. Special Care	11,773,286		698,858		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,699
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	17,405
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	-1,897,719	-3,602,303	-192,363	-219,423	Medicaid Paid Claims	47,819
9. Total Cost	138,045,666	262,042,108	13,993,020	15,961,486	Property Rate Allowance	0.80
10. Charges	\$435,941,358	\$998,513,494	\$38,845,955	64,522,046	First Semester in effect:	2011/07
11. Fixed Costs	40,779,796.00		3,633,814.71		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt			Semester DRI Index
1. Normalized Rate	2,548.65	385.89	Variable Cost Base	1,821.21	264.83	Cost Report DRI Index	1.856
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,626.63	171.76	FPLI	0.9349
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	13,993,020.41	15,961,485.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,633,814.71	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	10,359,205.70	15,961,485.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	11,196,425.99	17,251,476.61
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,699	47,819
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,382.73	360.77
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,859.88	273.14
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,859.88	273.14
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	Exempt	171.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	169.55
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	169.55
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,859.88	169.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	618.65	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,478.53	169.55
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$38,845,955.00	64,522,046.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,266.86	1,349.30
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,934.98	1,458.35
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,478.53	\$169.55
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$628.24	\$38.02
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,850.29	131.53



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120332 - 2011/07

425.70 / 58.86

HealthSouth Rehabilitation Hospital-Tallahassee

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Leon (37)
 District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,206,378	1,261,289	117,814	66,987	Total Bed Days	27,740
2. Routine	8,619,420		172,507		Total Inpatient Days	16,638
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	333
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,116
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-245,774	-20,909	-4,813	-1,110	Medicaid Paid Claims	276
9. Total Cost	14,580,024	1,240,380	285,508	65,877	Property Rate Allowance	0.80
10. Charges	\$23,060,245	\$4,687,624	\$466,456	192,516	First Semester in effect:	2011/01
11. Fixed Costs	1,894,543.00		38,322.27		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	858.59		276.08	County Ceiling Base	921.62	162.81
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	468.23	73.56	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,670.83	176.43	FPLI	0.9603

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	285,508.22	65,876.53
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 38,322.27	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	247,185.95	65,876.53
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	274,559.81	73,171.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	333	276
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	824.50	265.12
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	478.17	75.87
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	478.17	75.87
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county	1,670.83	176.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	941.19	167.92
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	941.19	167.92
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	478.17	75.87
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	92.07	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	570.24	75.87
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$466,456.00	192,516.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,400.77	697.52
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,555.89	774.76
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$570.24	\$75.87
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$144.54	\$17.01
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	425.70	58.86



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120341 - 2011/07

416.58 / 48.72

HealthSouth Rehabilitation Hospital-Treasure Coast

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Indian River (31)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,064,837	621,040	164,904	175,293	Total Bed Days	32,850
2. Routine	9,572,425		221,484		Total Inpatient Days	18,714
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	433
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,267
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-297,920	-10,490	-6,527	-2,961	Medicaid Paid Claims	2,572
9. Total Cost	17,339,342	610,550	379,861	172,332	Property Rate Allowance	0.80
10. Charges	\$29,465,428	\$2,267,714	\$629,901	306,360	First Semester in effect:	2011/01
11. Fixed Costs	2,099,922.00		44,891.35		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	905.64		78.44	County Ceiling Base	902.50	154.24
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	465.20	60.89	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,650.82	174.31	FPLI	0.9488

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	379,861.33	172,332.04
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 44,891.35	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	334,969.98	172,332.04
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	372,065.21	191,416.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	433	2,572
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	859.27	74.42
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	475.08	62.80
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	475.08	62.80
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9488) for Indian River county	1,650.82	174.31
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	921.66	159.08
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	921.66	159.08
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	475.08	62.80
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	82.94	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	558.02	62.80
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$629,901.00	306,360.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,454.74	119.11
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,615.84	132.30
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$558.02	\$62.80
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$141.44	\$14.08
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	416.58	48.72



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120375 - 2011/07

602.58 / 35.87

Aventura Hospital & Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	83,803,754	34,313,551	4,604,721	941,073	Total Bed Days	148,555
2. Routine	56,574,667		1,770,684		Total Inpatient Days	97,243
3. Special Care	20,650,558		2,007,903		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,787
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	45,031
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-2,427,517	-517,278	-126,379	-14,187	Medicaid Paid Claims	9,109
9. Total Cost	158,601,462	33,796,273	8,256,929	926,886	Property Rate Allowance	0.80
10. Charges	\$959,794,847	\$281,580,997	\$53,746,497	7,572,395	First Semester in effect:	2011/01
11. Fixed Costs	18,236,176.00		1,021,187.58		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,393.65	93.82	981.34	201.51	201.51	2.0060	
2. Base Rate Semester	2011/01	2011/01	623.29	44.83	44.83	1.806	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,739.90	183.72	183.72	2008	
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	2,096.06	221.33	221.33	1.2047	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,256,929.36	926,886.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,021,187.58	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,235,741.78	926,886.29
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,037,042.09	1,029,531.50
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,787	9,109
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,678.93	113.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	636.52	46.24
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	636.52	46.24
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,096.06	221.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,002.18	207.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,002.18	207.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	636.52	46.24
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	170.66	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	807.18	46.24
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$53,746,497.00	7,572,395.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,227.59	831.31
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,470.96	923.37
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$807.18	\$46.24
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$204.60	\$10.37
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	602.58	35.87



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120383 - 2011/07

370.05 / 92.66

HealthSouth Rehabilitation Hospital Sarasota

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,326,064	446,611	105,684	10,493	Total Bed Days	28,050
2. Routine	12,801,534		149,771		Total Inpatient Days	25,607
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	302
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	19,918
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-405,457	-8,184	-4,681	-192	Medicaid Paid Claims	82
9. Total Cost	21,722,141	438,427	250,774	10,301	Property Rate Allowance	0.80
10. Charges	\$38,339,381	\$1,833,982	\$454,271	21,980	First Semester in effect:	2011/01
11. Fixed Costs	1,911,606.00		22,650.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	853.02		141.86	County Ceiling Base	920.12	167.70
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	426.64	115.80	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,711.37	180.71	FPLI	0.9836

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	250,774.14	10,300.73
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 22,650.00	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	228,124.14	10,300.73
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	253,387.05	11,441.45
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	302	82
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	839.03	139.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	435.70	119.44
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	435.70	119.44
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county	1,711.37	180.71
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	939.66	172.97
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	939.66	172.97
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	435.70	119.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	60.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	495.70	119.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$454,271.00	21,980.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,504.21	268.05
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,670.79	297.73
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$495.70	\$119.44
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$125.65	\$26.78
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	370.05	92.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120405 - 2011/07

1,688.87 / 143.49

Coral Springs Medical Center

Type of Control: Government (4)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	44,478,898	48,244,150	6,434,774	4,272,585	Total Bed Days	73,000
2. Routine	25,311,318		3,960,821		Total Inpatient Days	47,601
3. Special Care	17,891,545		2,546,303		Total Newborn Days	4,680
4. Newborn Routine	285,391		9,879		Medicaid Inpatient Days	8,071
5. Intern-Resident	0		0		Medicaid Newborn IP Days	17
6. Home Health					Medicare Inpatient Days	9,951
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0	0	0	0	Medicaid Paid Claims	32,183
9. Total Cost	87,967,152	48,244,150	12,951,777	4,272,585	Property Rate Allowance	0.80
10. Charges	\$334,014,513	\$278,624,338	\$40,158,738	20,734,602	First Semester in effect:	2011/07
11. Fixed Costs	10,038,052.00		1,206,880.19		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,450.55	132.62	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,882.57	198.79	FPLI	1.0820
4. Rate of Increase (Year/Sem.)	1.021231	1.031397					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	12,951,777.00	4,272,585.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,206,880.19	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	11,744,896.81	4,272,585.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	12,694,107.22	4,617,890.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,088	32,183
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,569.50	143.49
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,569.50	143.49
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,569.50	143.49
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	119.37	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,688.87	143.49
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$40,158,738.00	20,734,602.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,965.22	644.27
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,366.50	696.34
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,688.87	\$143.49
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$428.08	\$32.18
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 67\%)$	148.49	10.67
AW	Buy Back of Medicaid Trend Adjustment	428.08	32.18
AX	Buy Back of Exemption Tier Adjustment	148.49	10.67
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,688.87	143.49



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

120405 - 2011/07

810.83 / 78.98

County Billing ONLY

Coral Springs Medical Center

Type of Control: Government (4)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	44,478,898	48,244,150	6,434,774	4,272,585	Total Bed Days	73,000
2. Routine	25,311,318		3,960,821		Total Inpatient Days	47,601
3. Special Care	17,891,545		2,546,303		Total Newborn Days	4,680
4. Newborn Routine	285,391		9,879		Medicaid Inpatient Days	8,071
5. Intern-Resident	0		0		Medicaid Newborn IP Days	17
6. Home Health					Medicare Inpatient Days	9,951
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0	0	0	0	Medicaid Paid Claims	32,183
9. Total Cost	87,967,152	48,244,150	12,951,777	4,272,585	Property Rate Allowance	0.80
10. Charges	\$334,014,513	\$278,624,338	\$40,158,738	20,734,602	First Semester in effect:	2011/07
11. Fixed Costs	10,038,052.00		1,206,880.19		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,450.55		132.62	County Ceiling Base	946.66	188.05
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,065.02	98.71	Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,882.57	198.79	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	12,951,777.00	4,272,585.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,206,880.19	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	11,744,896.81	4,272,585.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	12,694,107.22	4,617,890.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,088	32,183
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,569.50	143.49
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,087.63	101.81
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,087.63	101.81
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,882.57	198.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	966.76	193.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	966.76	193.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	966.76	101.81
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	119.37	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,086.13	101.81
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$40,158,738.00	20,734,602.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,965.22	644.27
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,366.50	696.34
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,086.13	\$101.81
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$275.30	\$22.83
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	810.83	78.98



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120413 - 2011/07

1,014.83 / 62.46

Bartow Memorial Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 4/1/2009-3/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Polk (53)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,901,728	14,827,724	2,029,721	1,288,997	Total Bed Days	24,090
2. Routine	9,051,987		1,035,565		Total Inpatient Days	19,005
3. Special Care	2,257,841		724,947		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,634
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,419
7. Malpractice					Prospective Inflation factor	1.0961748634
8. Adjustments	-303,682	-185,982	-47,540	-16,168	Medicaid Paid Claims	20,473
9. Total Cost	23,907,874	14,641,742	3,742,693	1,272,829	Property Rate Allowance	0.80
10. Charges	\$136,767,800	\$107,155,002	\$18,307,592	10,346,214	First Semester in effect:	2011/01
11. Fixed Costs	4,131,730.00		553,068.98		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,407.94		72.28	County Ceiling Base	855.16	162.83
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	829.24	60.56	Cost Report DRI Index	1.830
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,640.38	173.21	FPLI	0.9428

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,742,692.66	1,272,829.30
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 553,068.98	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,189,623.68	1,272,829.30
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,496,385.31	1,395,243.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,634	20,473
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,327.41	68.15
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	846.85	62.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	846.85	62.46
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	1,640.38	173.21
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	873.32	167.94
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	873.32	167.94
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	846.85	62.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	167.98	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,014.83	62.46
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$18,307,592.00	10,346,214.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,950.49	505.36
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,618.95	553.96
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,014.83	\$62.46
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$257.23	\$14.01
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	257.23	14.01
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,014.83	62.46



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

120421 - 2011/07

410.16 / 85.04

HealthSouth Rehabilitation Hospital-Sea Pines

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2009-12/31/2009
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,066,639	463,078	100,028	31,592	Total Bed Days	32,850
2. Routine	8,153,074		115,819		Total Inpatient Days	17,317
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	246
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,104
7. Malpractice					Prospective Inflation factor	1.1107419712
8. Adjustments	-267,396	-8,136	-3,792	-555	Medicaid Paid Claims	212
9. Total Cost	14,952,317	454,942	212,055	31,037	Property Rate Allowance	0.80
10. Charges	\$30,455,552	\$1,994,639	\$465,426	53,506	First Semester in effect:	2011/01
11. Fixed Costs	1,343,209.00		20,527.11		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)			OP (G)		Inflation/FPLI Data (H)	
	IP (F)	OP (F)		IP (G)	OP (G)		
1. Normalized Rate	927.89	174.47	County Ceiling Base	932.23	167.05	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	472.65	106.28	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,621.59	171.23	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	212,054.77	31,036.96
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 20,527.11	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	191,527.66	31,036.96
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	212,737.81	34,474.05
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	246	212
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	864.79	162.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	482.68	109.62
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	482.68	109.62
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	1,621.59	171.23
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	952.02	172.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	952.02	171.23
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	482.68	109.62
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	66.75	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	549.43	109.62
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$465,426.00	53,506.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,891.98	252.39
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,101.50	280.34
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$549.43	\$109.62
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$139.27	\$24.58
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	410.16	85.04



Florida Agency For Health Care Administration

260011 - 2011/07

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2011 through June 30, 2012

Florida State Hospital

Type of Control: Government (4)

County: Gadsden (20)

Fiscal Year : 7/1/2009-6/30/2010

Type of Action: Unaudited Cost Report [1]

District: 2

Hospital Classification: Specialized: Psychiatric

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0		0		Total Bed Days	12,410
2. Routine	10,440,359		3,511,544		Total Inpatient Days	12,410
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,174
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	384
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0		0		Medicaid Paid Claims	0
9. Total Cost	10,440,359		3,511,544		Property Rate Allowance	1.00
10. Charges	\$10,440,359		\$3,511,544		First Semester in effect:	2011/07
11. Fixed Costs	97,850.00		32,911.18		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	995.87			County Ceiling Base	Exempt	
2. Base Rate Semester	2011/01		Variable Cost Base	Exempt		Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01		State Ceiling	1,739.90		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231		County Ceiling	1,573.74		FPLI	0.9045

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,511,544.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 32,911.18	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,478,632.82	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,759,772.32	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,174	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	900.76	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	900.76	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9045) for Gadsden county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	900.76	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	7.88	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	908.64	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$3,511,544.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	841.29	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	909.28	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$908.64	\$0.00
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 0.000	\$230.32	\$0.00
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	678.32	



Florida Agency For Health Care Administration

260029 - 2011/07

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

Northeast Florida State Hospital

Type of Control: Government (4)

County: Baker (2)

Fiscal Year : 7/1/2009-6/30/2010

Type of Action: Unaudited Cost Report [1]

District: 4

Hospital Classification: Specialized: Psychiatric

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,226,101		87,246		Total Bed Days	27,740
2. Routine	10,195,815		4,068,134		Total Inpatient Days	22,990
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	9,173
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0		0		Medicaid Paid Claims	0
9. Total Cost	11,421,916		4,155,380		Property Rate Allowance	1.00
10. Charges	\$11,421,916		\$4,155,380		First Semester in effect:	2011/07
11. Fixed Costs	383,346.00		139,464.19		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	496.15			County Ceiling Base	Exempt	
2. Base Rate Semester	2011/01		Variable Cost Base	Exempt		Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01		State Ceiling	1,739.90		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231		County Ceiling	1,659.34		FPLI	0.9537

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,155,380.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 139,464.19	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,015,915.81	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,340,477.97	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,173	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	473.18	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	473.18	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9537) for Baker county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	473.18	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	15.20	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	488.38	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$4,155,380.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	453.00	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	489.61	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$488.38	\$0.00
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 0.000	\$123.79	\$0.00
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	364.59	



Florida Agency For Health Care Administration

260045 - 2011/07

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

So. Fla. State Hosp

Type of Control: Government (4)

County: Broward (6)

Fiscal Year : 7/1/2009-6/30/2010

Type of Action: Amended Cost Report [2]

District: 10

Hospital Classification: Specialized: Psychiatric

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	253,522		11,423		Total Bed Days	17,183
2. Routine	3,681,416		3,681,441		Total Inpatient Days	5,389
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	5,389
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0		0		Medicaid Paid Claims	0
9. Total Cost	3,934,938		3,692,864		Property Rate Allowance	1.00
10. Charges	\$3,934,938		\$3,692,864		First Semester in effect:	2011/07
11. Fixed Costs	123,890.00		116,268.39		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	662.96			County Ceiling Base	Exempt	
2. Base Rate Semester	2011/01		Variable Cost Base	Exempt		Cost Report DRI Index	1.856
3. Ultimate Base Rate Semester	1991/01		State Ceiling	1,739.90		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231		County Ceiling	1,882.57		FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,692,864.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 116,268.39	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,576,595.61	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,865,652.36	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,389	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	717.32	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	717.32	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	717.32	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	21.58	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	738.90	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$3,692,864.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	685.26	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	740.64	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$738.90	\$0.00
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 0.000	\$187.29	\$0.00
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	551.61	



Florida Agency For Health Care Administration

260053 - 2011/07

Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Hospital Prospective Payment Rates
 For Rate Semester July 1,2011 through June 30, 2012

W. Fla. Comm. Care

Type of Control: Government (4)
 Fiscal Year : 7/1/2009-6/30/2010
 Hospital Classification: Specialized: Psychiatric

Type of Action: Unaudited Cost Report [1]

County: Santa Rosa (57)
 District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0		0		Total Bed Days	29,200
2. Routine	6,611,680		0		Total Inpatient Days	25,170
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	0
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,090
7. Malpractice					Prospective Inflation factor	1.0808189655
8. Adjustments	0		0		Medicaid Paid Claims	0
9. Total Cost	6,611,680		0		Property Rate Allowance	1.00
10. Charges	\$15,926,325		\$0		First Semester in effect:	2011/07
11. Fixed Costs	175,678.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
						County Ceiling Base	Variable Cost Base
1. Normalized Rate	290.55		County Ceiling Base	Exempt			2.0060
2. Base Rate Semester	2011/01		Variable Cost Base	Exempt			1.856
3. Ultimate Base Rate Semester	1991/01		State Ceiling	1,739.90			2008
4. Rate of Increase (Year/Sem.)	1.021231		County Ceiling	1,654.99			0.9512

Rate Calculations			
Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	6,611,680.00	
AB	Total Fixed Costs	(-) 175,678.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	6,436,002.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,956,153.02	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	25,170	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	276.37	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	276.37	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9512) for Santa Rosa county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	276.37	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	6.98	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	283.35	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$15,926,325.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	632.75	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	683.89	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$283.35	\$0.00
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 0.000	\$71.82	\$0.00
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	211.53	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

102814-00 - 2011/07

739.79 / 15.15

University of South Alabama Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 4/1/1999-3/31/2000
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)
 District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	41,838,904	33,957,581	0	0	Total Bed Days	47,815
2. Routine	15,387,548		0		Total Inpatient Days	40,244
3. Special Care	11,152,255		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	190
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.6619718310
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	68,378,707	33,957,581	0	0	Property Rate Allowance	0.80
10. Charges	\$149,543,149	\$91,900,613	\$0	0	First Semester in effect:	2002/01
11. Fixed Costs	2,695,543.00		0.00		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,712.54	0.00	Variable Cost Base	917.91	NA	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	State Ceiling	2,104.08	NA	Cost Report DRI Index	1.207
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,739.90	183.72	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	68,378,707.00	
AB	Total Fixed Costs	(-) 2,695,543.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	65,683,164.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	109,163,568.34	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	40,244	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,712.54	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	2,148.75	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,148.75	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,739.90	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	937.40	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	937.40	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	937.40	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	53.58	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	990.98	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$149,543,149.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,715.91	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	6,175.74	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$990.98	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$251.19	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	739.79	15.15

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

102814-02 - 2011/07

709.81 / 15.15

Infirmary West

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 4/1/1999-3/31/2000

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0	11,273,651	0	253	Total Bed Days	24
2. Routine	16,108,910		2,762,788		Total Inpatient Days	14,600
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,504
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	57,004	39,893	9,777	1	Prospective Inflation factor	1.0000000000
8. Adjustments	0	0	0	0	Medicaid Paid Claims	13
9. Total Cost	16,165,914	11,313,544	2,772,565	254	Property Rate Allowance	0.80
10. Charges	\$34,583,000	\$23,744,000	\$4,535,408	533	First Semester in effect:	1999/01
11. Fixed Costs	320,000.00		41,966.59		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,090.49		19.53	County Ceiling Base	917.91	174.48
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.207
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,739.90	183.72	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,772,564.51	253.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 41,966.59	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,730,597.92	253.90
AE	Variable Operating Cost - NOT Inflated due to Interim status	2,730,597.92	253.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,504	13
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,090.49	19.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,090.49	19.53
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,739.90	183.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	937.40	179.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	937.40	179.96
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	937.40	19.53
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	13.41	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	950.81	19.53
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$4,535,408.00	533.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,811.27	41.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,811.27	41.00
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$950.81	\$19.53
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.423	\$241.00	\$4.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	709.81	15.15



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2011 through June 30, 2012

102814-01 - 2011/07

702.94 / 50.87

U.S.A Children's & Women's Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 4/1/1999-3/31/2000

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0	9,351,611	0	326	Total Bed Days	159
2. Routine	68,880,483		48,717,630		Total Inpatient Days	55,141
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	20,807
5. Intern-Resident	0		0		Medicaid Newborn IP Days	9,594
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	388,693	52,771	214,299	2	Prospective Inflation factor	1.0000000000
8. Adjustments	0	0	0	0	Medicaid Paid Claims	5
9. Total Cost	69,269,176	9,404,382	48,931,929	328	Property Rate Allowance	0.80
10. Charges	\$81,340,000	\$12,434,000	\$52,099,374	434	First Semester in effect:	1999/01
11. Fixed Costs	250,000.00		160,128.39		Last Rate Semester in Effect:	2011/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,604.28		65.57	County Ceiling Base	917.91	174.48
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.207
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,739.90	183.72	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	48,931,928.81	327.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 160,128.39	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	48,771,800.42	327.84
AE	Variable Operating Cost - NOT Inflated due to Interim status	48,771,800.42	327.84
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	30,401	5
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,604.28	65.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,604.28	65.57
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,739.90	183.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	937.40	179.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	937.40	179.96
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	937.40	65.57
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	4.21	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	941.61	65.57
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$52,099,374.00	434.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,713.74	86.80
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,713.74	86.80
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$941.61	\$65.57
AU	Medicaid Trend Adjustment IP% : 25.347 OP% : 22.424	\$238.67	\$14.70
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	702.94	50.87