



004170 - 2011/07

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0004170-00
Date: 10/4/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$902.50 and \$15.15.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

Handwritten signature

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 9
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

UCHLTACH at Connerton
9441 Health Center Drive
Land O' Lakes FL 34637

Provider Number: 0009496-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Interim Budget [4]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$725.95 and \$15.15.

Rate Type :

X Interim

Prospective

Total Interim
X Settlement Based on Cost

Total Prospective

BASIS :

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

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 5
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Kindred Hospital Melbourne
765 W Nasa Blvd
Melbourne FL 32901

Provider Number: 0016815-00
Date: 10/4/2011
Fiscal Year End: 7/31/2010
Audit Status: Interim Budget [4]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$1,247.38 and \$15.15.

Rate Type :

X Interim

Prospective

Total Interim
X Settlement Based on Cost

Total Prospective

BASIS :

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

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 7
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0020127-00
Date: 10/4/2011
Fiscal Year End: 6/30/2011
Audit Status: Interim Budget [4]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$1,084.37 and \$225.38.

Rate Type :

X Interim

Prospective

Total Interim
X Settlement Based on Cost

Total Prospective

BASIS :

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

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 2
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Shriners Hospital for Children
12502 USF Pine Dr
Tampa FL 33612

Provider Number: 0025766-00
Date: 10/4/2011
Fiscal Year End: 12/31/2011
Audit Status: Interim Budget [4]

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate with corresponding rates and dates.

Rate Type :

X Interim
Prospective
Total Interim
Total Prospective
X Settlement Based on Cost

BASIS :

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

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
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Medicaid Reimbursement Rate Change Form

Viera Hospital
8745 Wickham Rd
Melbourne FL 32940

Provider Number: 0031588-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Interim Budget [4]

Provider Type :

HOSPITAL

Table with 4 columns: Category, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with corresponding rates and dates.

Rate Type :

X Interim

Prospective

Total Interim
X Settlement Based on Cost

Total Prospective

BASIS :

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

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 7
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Shands Teaching Hospital
Box J-100336
Gainesville Fl 32610

Provider Number: 0100030-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Shands Teaching Hospital
Box J-100336
Gainesville Fl 32610

Provider Number: 0100030-01
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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100030 - 2011/07

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Shands Teaching Hospital
Box J-100336
Gainesville Fl 32610

Provider Number: 0100030-02
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Ed Fraser Memorial Hospital
159 North Third Street
MacClenney FL 32063

Provider Number: 0100048-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$4,455.61, \$11,188.61, \$19.53, \$88.62, and dates 7/1/2011.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 4
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Bay Medical Center
P.O. Box 2515
Panama City FL 32402-2515

Provider Number: 0100064-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 2
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Shands at Starke
Post Office Box 100336
Gainesville FL 32610-0336

Provider Number: 0100072-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Hospital Type, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with rates of \$1,798.30 and \$105.35 respectively.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Holmes Regional Medical Center
3300 Fiske Boulevard
Rockledge FL 32955

Provider Number: 0100081-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 7
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Cape Canaveral Hospital
3300 Fiske Boulevard
Rockledge FL 32955

Provider Number: 0100099-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$867.54 and \$104.73.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 7
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100102-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back and 100% Self Exemption

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 7
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Wuesthoff Memorial Hospital
110 Longwood Avenue P.O. Box 565002
Rockledge FL 32956-5002

Provider Number: 0100111-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$702.52, \$77.64, and dates 7/1/2011.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

- Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 7
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Wuesthoff Memorial Hospital
110 Longwood Avenue P.O. Box 565002
Rockledge FL 32956-5002

Provider Number: 0100111-01
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$702.52 and \$77.64.

Rate Type :

Interim, Prospective, Total Interim, Total Prospective, Settlement Based on Cost

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 7
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Broward General Hospital
1600 S. Andrews Avenue
Ft. Lauderdale FL 33316

Provider Number: 0100129-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 10
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Broward General Hospital
1600 S. Andrews Avenue
Ft. Lauderdale FL 33316

Provider Number: 0100129-01
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 10
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Broward General Hospital
1600 S. Andrews Avenue
Ft. Lauderdale FL 33316

Provider Number: 0100129-05
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 10
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100188-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$806.81, \$85.78, and dates 7/1/2011.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 10
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100196-00
Date: 10/4/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$726.40, \$15.15, and dates 7/1/2011.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 10
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Memorial Hospital
3501 Johnson St.
Hollywood FL 33021

Provider Number: 0100200-00
Date: 10/4/2011
Fiscal Year End: 4/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 10
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

North Broward Medical Center
303 South East 17th St.
Ft. Lauderdale FL 33316

Provider Number: 0100218-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 10
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
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Medicaid Reimbursement Rate Change Form

North Broward Medical Center
303 South East 17th St.
Ft. Lauderdale FL 33316

Provider Number: 0100218-03
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

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Contract Management
Area Adm. 10
Children's Medical Services
Florida Hospital Association
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Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100269-00
Date: 10/4/2011
Fiscal Year End: 12/31/2008
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$1,495.49 and \$45.94.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 2
Children's Medical Services
Florida Hospital Association
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Office of Medicaid Cost Reimbursement Planning and Analysis
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Medicaid Reimbursement Rate Change Form

Charlotte Regional Medical Center
809 E. Marion Ave.
Punta Gorda FL 33950-3898

Provider Number: 0100277-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Amended Cost Report [2]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$775.13, \$52.55, \$775.13, \$57.69, 7/1/2011.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 8
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Charlotte Regional Medical Center
809 E. Marion Ave.
Punta Gorda FL 33950-3898

Provider Number: 0100277-02
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Amended Cost Report [2]

Provider Type :

HOSPITAL

Table with 4 columns: Category, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with corresponding rates and dates.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 8
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
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Medicaid Reimbursement Rate Change Form

Peace River Regional Medical Center
2500 Harbor Blvd
Port Charlotte FL 33952

Provider Number: 0100285-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$669.87 and \$64.24.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

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Contract Management
Area Adm. 8
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100315-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

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Managed Care
Contract Management
Area Adm. 8
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
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Medicaid Reimbursement Rate Change Form

Shands At Lake Shore
Post Office 100336
Gainesville FL 32610-0336

Provider Number: 0100331-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Hospital Type, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient rates.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

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Managed Care
Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
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Office of Medicaid Cost Reimbursement Planning and Analysis
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Medicaid Reimbursement Rate Change Form

Baptist Of Miami
8900 North Kendall Dr.
Miami FL 33176

Provider Number: 0100358-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

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Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Cedars Medical Center, Inc.
1475 NW 12th Avenue, Hope Lodge Suite #205
Miami FL 33136

Provider Number: 0100366-00
Date: 10/4/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Cedars Medical Center, Inc.
1475 NW 12th Avenue, Hope Lodge Suite #205
Miami FL 33136

Provider Number: 0100366-03
Date: 10/4/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100412-00
Date: 10/4/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100421-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100421-01
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100421-02
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100421-07
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100421-17
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

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Contract Management
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Children's Medical Services
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Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100421-18
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

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Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
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Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100421-19
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

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Contract Management
Area Adm. 11
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Florida Hospital Association
AHCA - County Billings
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Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100421-27
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

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Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100421-34
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
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2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100421-35
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

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Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
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2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100421-36
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
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2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100421-42
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
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Children's Medical Services
Florida Hospital Association
AHCA - County Billings
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(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100439-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$825.30 and \$125.43.

Rate Type :

Interim, Prospective, Total Interim, Total Prospective, Settlement Based on Cost

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100439-03
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$825.30 and \$125.43.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100439-04
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$825.30 and \$125.43.

Rate Type :

Interim, Prospective, Total Interim, Total Prospective, Settlement Based on Cost

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Mt. Sinai Medical Center
4300 Alton Rd
Miami Beach FL 33140

Provider Number: 0100463-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Mt. Sinai Medical Center
4300 Alton Rd
Miami Beach FL 33140

Provider Number: 0100463-22
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
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100471 - 2011/07

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

University Of Miami Hospital and Clinics
P.O. Box 016217
Miami FL 33101

Provider Number: 0100471-00
Date: 10/4/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100498-00
Date: 10/4/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100498-07
Date: 10/4/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
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DISTRIBUTION:

- Hospitals:
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Area Adm. 11
Children's Medical Services
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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Palm Springs General Hospital
1475 West 49th Street
Hiialeah FL 33012

Provider Number: 0100536-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Current Rate, New Rate, Effective Date, and Hospital Type (Inpatient, Outpatient). Values include \$584.04 and \$36.41.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

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Managed Care
Contract Management
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Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Metropolitan Hospital Miami
5959 NW 7th Street
Miami FL 33126

Provider Number: 0100544-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$748.79 and \$92.90.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

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Children's Medical Services
Florida Hospital Association
AHCA - County Billings
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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100587-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$939.47 and \$101.25.

Rate Type :

Interim, Prospective, Total Interim, Total Prospective, Settlement Based on Cost

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Miami Childrens Hospital
3100 S.W. 62nd Avenue
Miami FL 33155-3009

Provider Number: 0100609-00
Date: 10/4/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

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Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Medicaid Reimbursement Rate Change Form

Westchester General Hospital
2500 SW 75th Avenue
Miami FL 33155

Provider Number: 0100625-00
Date: 10/4/2011
Fiscal Year End: 12/31/2008
Audit Status: Unaudited Cost Report [1]

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate with corresponding rates and effective dates.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

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Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Baptist Medical Center
800 Prudential Drive
Jacksonville FL 32207

Provider Number: 0100641-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate with corresponding rates and dates.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

- Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

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Area Adm. 4
Children's Medical Services
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AHCA - County Billings
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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Baptist Medical Center
800 Prudential Drive
Jacksonville FL 32207

Provider Number: 0100641-02
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate with corresponding rates and dates.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

- Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form

Shands Jacksonville
580 West 8th Street
Jacksonville FL 32209

Provider Number: 0100676-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Mayo Clinic
4500 San Pablo Road
Jacksonville FL 32216

Provider Number: 0100722-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
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Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

St. Vincent's Hospital
1800 Barrs Street 3rd Floor, Seton Hall
Jacksonville FL 32204

Provider Number: 0100731-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Amended Cost Report [2]

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

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Managed Care
Contract Management
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Children's Medical Services
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AHCA - County Billings
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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Baptist Hospital (Pensacola)
P.O. Box 17500
Pensacola FL 32522-7500

Provider Number: 0100749-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

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Managed Care
Contract Management
Area Adm. 1
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
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Office of Medicaid Cost Reimbursement Planning and Analysis
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Medicaid Reimbursement Rate Change Form

Baptist Hospital (Pensacola)
P.O. Box 17500
Pensacola FL 32522-7500

Provider Number: 0100749-02
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate with corresponding rates and dates.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

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Managed Care
Contract Management
Area Adm. 1
Children's Medical Services
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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Baptist Hospital (Pensacola)
P.O. Box 17500
Pensacola FL 32522-7500

Provider Number: 0100749-03
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

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Managed Care
Contract Management
Area Adm. 1
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100765-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 1
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100803-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$3,032.34 and \$79.53.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 2
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
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2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Hendry Regional Medical Center
524 W Sagamore Street
Clewiston FL 33440

Provider Number: 0100862-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Category, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with rates of \$1,878.77 and \$92.79 respectively.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 8
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Brooksville Regional Hospital
Post Office Box 37
Brooksville FL 34605-0037

Provider Number: 0100871-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Brooksville Regional Hospital
Post Office Box 37
Brooksville FL 34605-0037

Provider Number: 0100871-01
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
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Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100897-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back and 100% Self Exemption

Provider Type :

HOSPITAL

Table with 4 columns: Category, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100901-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$722.25 and \$89.69.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

University Community Hospital Carrollwood
3100 East Fletcher Avenue
Tampa FL 33613

Provider Number: 0100943-00
Date: 10/4/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes 100% Self Exemption

Provider Type :

HOSPITAL

Table with 4 columns: Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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100978 - 2011/07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

St. Joseph's Hospital
3001 W. ML King Blvd. Post Office Box 4227
Tampa FL 33677-4227

Provider Number: 0100978-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

St. Joseph's Hospital
3001 W. ML King Blvd. Post Office Box 4227
Tampa FL 33677-4227

Provider Number: 0100978-02
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
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Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

St. Joseph's Hospital
3001 W. ML King Blvd. Post Office Box 4227
Tampa FL 33677-4227

Provider Number: 0100978-03
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

St. Joseph's Hospital
3001 W. ML King Blvd. Post Office Box 4227
Tampa FL 33677-4227

Provider Number: 0100978-06
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

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Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

South Florida Baptist
301 N Alexander Street
Plant City FL 33566

Provider Number: 0100986-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

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Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100994-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100994-01
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

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Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100994-12
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
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Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100994-13
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

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Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100994-14
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

University Community Hospital-Tampa
3100 East Fletcher Avenue
Tampa FL 33613

Provider Number: 0101028-00
Date: 10/4/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Partial Self Exemption

Provider Type :

HOSPITAL

Table with 4 columns: Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

- Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0101036-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Category, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with rates like \$1,357.73 and \$152.51.

Rate Type :

Interim

X Prospective

Total Interim
Settlement Based on Cost

X Total Prospective

BASIS :

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

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 2
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Indian River Memorial Hospital
1000 36th Street
Vero Beach FL 32960

Provider Number: 0101044-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back and 100% Self Exemption

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$802.87, \$1,804.64, \$89.83, \$115.80, and \$802.87.

Inpatient County Billing Rate

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

- Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 9
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Jackson Hospital
4250 Hospital Drive
Marianna FL 32446

Provider Number: 0101061-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Hospital Type, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient rates.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 2
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Leesburg Regional Medical Center
600 E Dixie Ave
Leesburg FL 32748

Provider Number: 0101079-00
Date: 10/4/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Partial Self Exemption

Provider Type :

HOSPITAL

Table with 4 columns: Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

South Lake Memorial Hospital
847 8th Street
Clermont FL 32711

Provider Number: 0101087-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back and 100% Self Exemption

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

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Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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101095 - 2011/07

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0101095-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back and 100% Self Exemption

Provider Type :

Table with columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Lee Memorial Hospital
PO Box 151247
Cape Coral FL 33915

Provider Number: 0101109-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 8
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Lee Memorial Hospital
PO Box 151247
Cape Coral FL 33915

Provider Number: 0101109-11
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
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Contract Management
Area Adm. 8
Children's Medical Services
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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Lee Memorial Hospital
PO Box 151247
Cape Coral FL 33915

Provider Number: 0101109-17
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 8
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Lee Memorial Hospital
PO Box 151247
Cape Coral FL 33915

Provider Number: 0101109-18
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
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Contract Management
Area Adm. 8
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0101117-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$820.33 and \$51.03.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
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Contract Management
Area Adm. 8
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0101133-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 2
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Tri-County Hospital Williston
P.O. Drawer 460
Williston FL 32696

Provider Number: 0101141-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Category, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with rates of \$1,224.35 and \$36.33 respectively.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Madison County Memorial Hospital
201 East Marion Street
Madison FL 32340

Provider Number: 0101150-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$1,275.74 and \$51.16.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

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

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals, Managed Care, Contract Management, Area Adm. 2, Children's Medical Services, Florida Hospital Association, AHCA - County Billings, Vocational Rehabilitation

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(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Manatee Memorial Hospital
206 Second Street East
Bradenton FL 34208

Provider Number: 0101168-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

- Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Munroe Regional Medical Center
Post Office Box 6000
Ocala FL 34478

Provider Number: 0101176-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back and 100% Self Exemption

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Martin Memorial Hospital
P.O. Box 9033
Stuart FL 34995-9033

Provider Number: 0101184-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$814.63, \$1,091.23, \$91.13, \$114.90, 7/1/2011.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 9
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Lower Florida Keys Hospital
P.O. Box 9107
Key West FL 33401

Provider Number: 0101192-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

- Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Lower Florida Keys Hospital
P.O. Box 9107
Key West FL 33401

Provider Number: 0101192-01
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Fishermen's Hospital
3301 Overseas Highway
Marathon FL 33050

Provider Number: 0101206-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Category, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with corresponding rates and dates.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Mariners Hospital
91500 Overseas Highway
Tavernier FL 33070

Provider Number: 0101214-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Hospital Type, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient rates.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
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Contract Management
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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0101231-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Hospital Type, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient rates.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 4
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Twin Cities Hospital
2190 Hwy 85 North
Niceville FL 32578

Provider Number: 0101257-00
Date: 10/4/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$906.36 and \$68.52.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

North Okaloosa Medical Center
151 Redstone Ave.
Crestview FL 32536

Provider Number: 0101265-00
Date: 10/4/2011
Fiscal Year End: 3/31/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$789.88 and \$87.17.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Florida Hospital
500 East Rollins Street
Orlando FL 32803

Provider Number: 0101290-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate with corresponding rates and dates.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

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Contract Management
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101290 - 2011/07

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Florida Hospital
500 East Rollins Street
Orlando FL 32803

Provider Number: 0101290-01
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Florida Hospital
500 East Rollins Street
Orlando FL 32803

Provider Number: 0101290-04
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 7
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Orlando Health
1414 S. Kuhl Avenue
Orlando FL 32806

Provider Number: 0101338-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 7
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Health Central
10000 West Colonial Dr.
Ocoee FL 34761

Provider Number: 0101354-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 7
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0101389-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 7
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Bethesda Mem. Hosp.
2815 S Seacrest Blvd.
Boynton Beach FL 33435

Provider Number: 0101401-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate with corresponding rates and dates.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 9
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Boca Raton Community Hospital
800 Meadows Rd.
Boca Raton FL 33486

Provider Number: 0101419-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$769.00 and \$82.89.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 9
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Lakeside Medical Center
39200 Hooker Highway
Belle Glade FL 33430

Provider Number: 0101443-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Category, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with their respective rates and effective dates.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 9
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

JFK Medical Center
5301 S. Congress Ave.
Lake Worth FL 33462-1149

Provider Number: 0101460-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 9
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

St. Mary's Hospital
1300 N. Flagler Drive
West Palm Beach FL 33401

Provider Number: 0101486-00
Date: 10/4/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 9
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

St. Mary's Hospital
1300 N. Flagler Drive
West Palm Beach FL 33401

Provider Number: 0101486-01
Date: 10/4/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 9
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Florida Hospital Zephyrhills
7050 Gall Blvd
Zephyrhills FL 33541

Provider Number: 0101494-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$744.22 and \$70.04.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 5
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Florida Hospital Zephyrhills
7050 Gall Blvd
Zephyrhills FL 33541

Provider Number: 0101494-01
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$744.22 and \$70.04.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 5
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

North Bay Medical Center
16255 Bay Vista Drive
Clearwater FL 33760

Provider Number: 0101508-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back and 100% Self Exemption

Provider Type :

Table with columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 5
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

All Children's Hospital
801 6th St. South
St. Petersburg FL 33701

Provider Number: 0101516-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

- Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 5
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Good Samaritan Hospital
1300 N. Flagler Drive
West Palm Beach FL 33401

Provider Number: 0101524-00
Date: 10/4/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back and Partial Self Exemption

Provider Type :

Table with columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 9
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Mease Hospital Clinic
Post Box 210 Mailstation 102
Clearwater FL 33517

Provider Number: 0101541-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back and 100% Self Exemption

Provider Type :

Table with columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 5
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Bayfront Medical Center
701 6th St. South
St. Petersburg FL 33701

Provider Number: 0101567-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 5
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Bayfront Medical Center
701 6th St. South
St. Petersburg FL 33701

Provider Number: 0101567-07
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 5
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Morton F. Plant Hospital
16255 Bay Vista Dr, MS 100
Clearwater FL 33760

Provider Number: 0101583-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 5
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Helen Ellis Memorial Hospital
1395 South Pinellas Ave.
Tarpon Springs FL 34689-1487

Provider Number: 0101613-00
Date: 10/4/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$786.19, \$94.98, and dates 7/1/2011.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 5
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Lakeland Regional Medical Center
230 South Florida Ave, Reimb Dept 4th Floor
Lakeland FL 33801

Provider Number: 0101648-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
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Medicaid Reimbursement Rate Change Form

Lake Wales Hospital Association
410 South 11th St.
Lake Wales FL 33853

Provider Number: 0101664-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$1,156.90, \$1,549.71, \$58.17, \$74.99, 7/1/2011.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Winter Haven Hospital
200 Avenue "F" Northeast
Winter Haven FL 33880

Provider Number: 0101699-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

West Gables Rehabilitation
2525 Southwest 75th Av.
Miami FL 33155

Provider Number: 0101702-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$382.46 and \$15.15.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Flagler Hospital
400 Health Park Blvd.
St. Augustine FL 32086

Provider Number: 0101711-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Category, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with their respective rates and effective dates.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 4
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Jay Hospital
221 South Alabama Street
Jay FL 32565

Provider Number: 0101737-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$1,109.78 and \$62.64.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

- Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 1
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



101745 - 2011/07

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Santa Rosa Hospital
P.O. BOX 648
Milton FL 32570

Provider Number: 0101745-00
Date: 10/4/2011
Fiscal Year End: 5/31/2010
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back and 100% Self Exemption

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

Handwritten signature

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 1
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital-Largo
901 Clearwater Largo Rd.
Largo FL 34640

Provider Number: 0101753-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$432.46 and \$44.24.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 5
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Memorial Hospital
1901 Arlington St.
Sarasota FL 33579

Provider Number: 0101761-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back and 100% Self Exemption

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 8
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Central Florida Regional Hospital
1401 West Seminole Blvd.
Sanford FL 32771

Provider Number: 0101788-00
Date: 10/4/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$789.48 and \$83.43.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 7
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Shands at Live Oak
Post Office Box 100336
Gainesville FL 32610-0336

Provider Number: 0101796-00
Date: 10/4/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Hospital Type, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with rates of \$1,678.71 and \$90.42 respectively.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Doctor's Memorial Hospital
407 East Ash Street
Perry FL 32347

Provider Number: 0101800-00
Date: 10/4/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$1,501.89 and \$102.22.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 2
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Florida Hospital - Fish Memorial
1055 Sax Boulevard
Orange City FL 32763

Provider Number: 0101826-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back and 100% Self Exemption

Provider Type :

HOSPITAL

Table with 4 columns: Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 4
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Bert Fish Memorial Hospital
401 Palmetto Street
New Smyrna Beach FL 32170

Provider Number: 0101834-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back and 100% Self Exemption

Provider Type :

HOSPITAL

Table with 4 columns: Category, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 4
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



101842 - 2011/07

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Halifax Medical Center
P.O. Box 2830
Daytona Beach FL 32115-2830

Provider Number: 0101842-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 4
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Ormond Beach Memorial Hospital
875 Sterthaus Avenue
Ormond Beach FL 32174

Provider Number: 0101869-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Amended Cost Report [2]

Provider Type :

HOSPITAL

Table with 4 columns: Current Rate, New Rate, Effective Date, and Hospital Type (Inpatient, Outpatient). Values include \$853.30, \$82.57, and dates 7/1/2011.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 4
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Memorial Hospital - West Volusia
701 West Plymouth Avenue
Deland FL 32720

Provider Number: 0101877-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back and 100% Self Exemption

Provider Type :

HOSPITAL

Table with 4 columns: Category, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 4
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Healthmark Regional Medical Center
PO Box 1326
Defuniak Springs FL 32433

Provider Number: 0101885-00
Date: 10/4/2011
Fiscal Year End: 9/30/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$1,227.44 and \$56.74.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 1
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Florida Hospital - Flagler
60 Memorial Medical Pkwy
Palm Coast FL 32164

Provider Number: 0101893-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Category, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with rates of \$1,615.48 and \$73.96 respectively.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 4
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Northwest Community Hospital
Post Office Box 889
Chipley FL 32428

Provider Number: 0101907-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Category, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with rates like \$1,831.73 and \$117.29.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 2
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Kindred Hospital-Hollywood
1859 Van Buren St.
Hollywood FL 33022

Provider Number: 0101915-00
Date: 10/4/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$605.69 and \$15.15.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 10
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Desoto Memorial Hospital
PO Box 2180
Arcadia FL 33821

Provider Number: 0101923-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$2,135.03 and \$142.04.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 8
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Memorial Hospital of Jacksonville
PO Box 16325
Jacksonville FL 32216

Provider Number: 0101931-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$752.51, \$69.35, and 7/1/2011.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 4
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Campbellton-Graceville Hospital
5429 College Dr.
Graceville FL 32240

Provider Number: 0101940-00
Date: 10/4/2011
Fiscal Year End: 9/30/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$2,490.26 and \$101.01.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

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

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals, Managed Care, Contract Management, Area Adm. 2, Children's Medical Services, Florida Hospital Association, AHCA - County Billings, Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Wiregrass Hospital
1200 Maple Av.
Geneva AL 36340

Provider Number: 0101991-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$235.83 and \$83.59.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm.
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Floral Memorial Hospital
PO BOX 206
Floral AL 36442

Provider Number: 0102016-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$304.12 and \$15.15.

Rate Type :

Interim, Prospective, Total Interim, Total Prospective, Settlement Based on Cost

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm.
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

D.W.Mcmillan Memorial
PO BOX 908
Brewton AL 36427

Provider Number: 0102024-00
Date: 10/4/2011
Fiscal Year End: 9/30/2004
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$506.92 and \$139.61.

Rate Type :

Interim, Prospective, Total Interim, Total Prospective, Settlement Based on Cost

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm.
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Archbold Memorial Hospital
Post Office Box 1018
Thomasville GA 31799-1018

Provider Number: 0102041-00
Date: 10/4/2011
Fiscal Year End: 9/30/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$524.85 and \$83.57.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm.
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Southeast Alabama General
PO BOX 6987
Dothan AL 36301

Provider Number: 0102067-00
Date: 10/4/2011
Fiscal Year End: 9/30/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$697.97 and \$112.32.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm.
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

South Georgia Medical Center
PO BOX 1727
Valdosta GA 31601

Provider Number: 0102075-00
Date: 10/4/2011
Fiscal Year End: 9/30/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$625.36 and \$79.24.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form

Flowers Hospital
PO BOX 6907
Dothan AL 36302

Provider Number: 0102091-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$595.24 and \$111.50.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Reimbursement Rate Change Form

Palm Beach Gardens Medical Center
3360 Burns Rd.
Palm Beach Gardens FL 33410

Provider Number: 0102105-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back and 100% Self Exemption

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$839.51, \$2,257.07, \$77.18, \$109.70, and \$839.51.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

- Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Reimbursement Rate Change Form

Grady General Hospital
1155 5th St.
Cairo GA 31728

Provider Number: 0102121-00
Date: 10/4/2011
Fiscal Year End: 9/30/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$497.78 and \$51.13.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Reimbursement Rate Change Form

Wellington Regional Medical Center
10101 Forest Hill Blvd.
West Palm Beach FL 33414

Provider Number: 0102130-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Reimbursement Rate Change Form

Mizell Memorial Hospital
PO BOX 429
Opp AL 36467

Provider Number: 0102164-00
Date: 10/4/2011
Fiscal Year End: 9/30/1992
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$487.66 and \$15.15.

Rate Type :

Interim, Prospective, Total Interim, Total Prospective, Settlement Based on Cost

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Reimbursement Rate Change Form

Citrus Memorial Hospital
502 Highland Blvd.
Iverness FL 32652

Provider Number: 0102199-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back and 100% Self Exemption

Provider Type :

HOSPITAL

Table with 4 columns: Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Reimbursement Rate Change Form

Cleveland Clinic Hospital-Weston
3100 Weston Rd
Weston FL 33331

Provider Number: 0102202-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$831.18 and \$56.77.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Reimbursement Rate Change Form

Pembroke Pines Hospital
2301 University Dr.
Pembroke Pines FL 33024

Provider Number: 0102229-00
Date: 10/4/2011
Fiscal Year End: 4/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Reimbursement Rate Change Form

Homestead Hospital
160 N.W. 13th Street
Homestead FL 33030

Provider Number: 0102261-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate with corresponding rates and dates.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

- Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Reimbursement Rate Change Form

Heart Of Florida Hospital
P.O. Box 67
Haines City FL 33845

Provider Number: 0102288-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Reimbursement Rate Change Form

Kindred Hospital Central Tampa
4801 N HOWARD AVE.
Tampa FL 33604

Provider Number: 0102300-00
Date: 10/4/2011
Fiscal Year End: 8/31/2010
Audit Status: Field Audit [3]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$724.90 and \$15.15.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (unchecked)
Field Audited Cost (checked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Reimbursement Rate Change Form

Baptist Hospital Of Beaches
1350 13th AVE., SOUTH
Jacksonville FL 32250

Provider Number: 0102326-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$773.86 and \$62.56.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Reimbursement Rate Change Form

Atmore Community Hospital
401 Medical Park Dr.
Atmore AL 36502

Provider Number: 0102334-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$546.94 and \$50.21.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Reimbursement Rate Change Form

Kindred Hospital (Tampa)
4555 SOUTH MANHATTAN AVE.
Tampa FL 33611

Provider Number: 0102342-00
Date: 10/4/2011
Fiscal Year End: 8/31/2010
Audit Status: Field Audit [3]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$614.19 and \$15.15.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Reimbursement Rate Change Form

Smith Hospital
P.O. Box 10010
Valdosta GA 31604

Provider Number: 0102369-00
Date: 10/4/2011
Fiscal Year End: 12/31/1994
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$323.31 and \$96.80.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Reimbursement Rate Change Form

St. John'S Rehabilitation Hospital
3075 N.W. 35th Ave.
Lauderdale Lake FL 33311

Provider Number: 0102407-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$592.38 and \$15.15.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

- Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Reimbursement Rate Change Form

South Baldwin Hospital
1613 West McKenzie St.
Foley AL 36536

Provider Number: 0102474-00
Date: 10/4/2011
Fiscal Year End: 9/30/1995
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$566.27 and \$15.15.

Rate Type :

Interim, Prospective, Total Interim, Total Prospective, Settlement Based on Cost

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Reimbursement Rate Change Form

Memorial Hosp. - West
703 North Flamingo Road
Pembroke Pines FL 33028

Provider Number: 0102521-00
Date: 10/4/2011
Fiscal Year End: 4/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back and 100% Self Exemption

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Reimbursement Rate Change Form

Englewood Community Hospital
700 Medical Blvd.
Englewood FL 34223

Provider Number: 0102539-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$781.29, \$45.86, and dates 7/1/2011.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Reimbursement Rate Change Form

Southeast Georgia Medical Center
3100 Kemble Avenue
Brunswick GA 31520

Provider Number: 0102555-00
Date: 10/4/2011
Fiscal Year End: 4/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$673.66, \$669.60, \$92.06, \$55.95, 7/1/2011.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Reimbursement Rate Change Form

Edward White Hospital
2323 9th Avenue North P.O. Box 12018
St. Petersburg Fl 33733

Provider Number: 0102598-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Category, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with rates of \$808.56 and \$88.86 respectively.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Reimbursement Rate Change Form

Florida Hospital Wauchula
2501 U.S. Hwy 27 North P.O. Box 1200
Avon Park FL 33825

Provider Number: 0102601-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Category, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with rates of \$6,087.70 and \$108.74 respectively.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Reimbursement Rate Change Form

A.G. Holley State Hospital
1199 Lantana Rd. P.O. Box 3084
Lantana FL 33465

Provider Number: 0102610-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 9
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Kindred Hosp. - North Fla
801 Oak Street
Green Cove Springs FL 32043

Provider Number: 0102679-00
Date: 10/4/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$601.57 and \$130.11.

Rate Type :

Interim, Prospective, Total Interim, Total Prospective, Settlement Based on Cost

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 4
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
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Medicaid Reimbursement Rate Change Form

HealthSouth Rehab - Dothan
1736 East Main Street
Dothan AL 36301

Provider Number: 0102687-00
Date: 10/4/2011
Fiscal Year End: 12/31/2002
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$490.19, \$423.25, \$63.60, \$15.15, and dates 7/1/2011.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm.
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
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Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital - Miami
20601 Old Cutler Road
Miami FL 33188

Provider Number: 0102709-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$387.41 and \$42.91.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Brooks Rehabilitation Hospital
3599 University Blvd., S
Jacksonville FL 32216

Provider Number: 0102717-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$613.79 and \$54.56.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 4
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Healthsouth Emerald Coast Hospital
1847 Florida Avenue
Panama City FL 32405

Provider Number: 0102750-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$410.67 and \$42.67.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 2
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Kindred Hospital-St. Petersburg
3030 6th Street, South
St. Petersburg FL 33705

Provider Number: 0102768-00
Date: 10/4/2011
Fiscal Year End: 8/31/2010
Audit Status: Field Audit [3]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$622.85 and \$15.15.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 5
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Douglas Gardens Hospital
5200 NE 2nd Avenue
Miami FL 33137

Provider Number: 0102776-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$1,305.75 and \$15.15.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Physicians Regional Medical Center
6101 Pine Ridge Road
Naples FL 34119

Provider Number: 0103144-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back and Partial Self Exemption

Provider Type :

HOSPITAL

Table with 4 columns: Category, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 8
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Physicians Regional Medical Center
6101 Pine Ridge Road
Naples FL 34119

Provider Number: 0103144-01
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back and Partial Self Exemption

Provider Type :

HOSPITAL

Table with 4 columns: Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 8
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

The Villages Regional Hospital
600 East Dixie Ave
Leesburg FL 34748

Provider Number: 0103179-00
Date: 10/4/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$1,163.79 and \$88.74.

Rate Type :

Interim, Prospective, Total Interim, Total Prospective, Settlement Based on Cost

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Wuesthoff Medical Center Melbourne
250 N. Wickham Road
Melbourne FL 32935

Provider Number: 0103209-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$898.79 and \$108.14.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 7
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Sacred Heart Hospital on the Emerald Coast
7800 US Highway 98 West
Destin FL 32550-7228

Provider Number: 0103233-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Hospital Type, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with corresponding rates and dates.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 1
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Sister Emmanuel Hospital
3663 South Miami Ave, 4th Floor
Miami FL 33133

Provider Number: 0103284-00
Date: 10/4/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$638.73 and \$15.15.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Select Specialty Hospital Miami
955 NW 3rd Street, 8th Floor
Miami FL 33128

Provider Number: 0103373-00
Date: 10/4/2011
Fiscal Year End: 8/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$819.94 and \$15.15.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Select Specialty Hospital - Orlando
601 E Rollins Street
Orlando FL 32803

Provider Number: 0103390-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Field Audit [3]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$735.62, \$15.15, and dates 7/1/2011.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (unchecked)
Field Audited Cost (checked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 7
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Charlton Memorial Hospital
Post Office Box 188
Folkston GA 31537

Provider Number: 0103411-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$797.62 and \$139.61.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

- Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm.
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Lakewood Ranch Medical Center
8330 Lakewood Ranch Boulevard
Bradenton FL 34202

Provider Number: 0103420-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$941.28 and \$92.56.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Select Specialty Hospital Panama City
615 N Bonita Avenue
Panama City FL 32401

Provider Number: 0103438-00
Date: 10/4/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$715.20, \$15.15, and dates 7/1/2011.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 2
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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103454 - 2011/07

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Memorial Hospital Miramar
1901 SW 172nd Avenue
Miramar FL 33029

Provider Number: 0103454-00
Date: 10/4/2011
Fiscal Year End: 4/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back and 100% Self Exemption

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 10
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

St. Cloud Regional Medical Center
2906 17th Street
Saint Cloud FL 34769

Provider Number: 0103462-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Hospital Type, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with rates of \$841.61 and \$59.89 respectively.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 7
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Kindred Hospital Ocala
1500 SW 1st Avenue, 5th Floor
Ocala FL 34474

Provider Number: 0103535-00
Date: 10/4/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$739.86 and \$15.15.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

- Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Doctors Hospital
5000 University Drive
Coral Gables FL 33146

Provider Number: 0103543-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$919.29 and \$161.23.

Rate Type :

Interim, Prospective, Total Interim, Total Prospective, Settlement Based on Cost

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Healthsouth Hospital of Spring Hill
12440 Cortez Boulevard
Brooksville FL 34613

Provider Number: 0103551-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$486.74 and \$129.26.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Healthsouth Ridgelake Hospital
6150 Edgelake Drive
Sarasota FL 34240

Provider Number: 0103560-00
Date: 10/4/2011
Fiscal Year End: 3/31/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$780.91 and \$15.15.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 8
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Select Specialty Hospital Pensacola
7000 Cobble Creek Drive
Pensacola Fl 32504

Provider Number: 0103683-00
Date: 10/4/2011
Fiscal Year End: 9/30/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Category, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with rates of \$1,107.00 and \$15.15 respectively.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 1
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Medicaid Reimbursement Rate Change Form

BayCare Alliant Hospital
601 Main Street, MS 469
Dunedin FL 34698

Provider Number: 0103721-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back and 100% Self Exemption

Provider Type :

HOSPITAL

Table with 4 columns: Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 5
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

St. Luke's-St. Vincent's Healthcare
4201 Belfort Road
Jacksonville FL 32215

Provider Number: 0103730-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Amended Cost Report [2]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$842.49, \$842.42, \$60.93, \$78.55, 7/1/2011.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 4
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Select Specialty Hospital Tallahassee
1554 Surgeon's Drive
Tallahassee FL 32308

Provider Number: 0103748-00
Date: 10/4/2011
Fiscal Year End: 2/28/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Category, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with rates of \$1,043.12 and \$15.15 respectively.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 2
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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103764 - 2011/07

Florida Agency For Health Care Administration
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Medicaid Reimbursement Rate Change Form

Select Specialty Hospital Palm Beach
3060 Melaleuca Lane
Lake Worth FL 33461

Provider Number: 0103764-00
Date: 10/4/2011
Fiscal Year End: 11/30/2009
Audit Status: Field Audit [3]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$955.38 and \$15.15.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (unchecked)
Field Audited Cost (checked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 9
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Medicaid Reimbursement Rate Change Form

Select Speciality Hospital Gainesville
2708 SW Archer Road
Gainesville FL 32608

Provider Number: 0103772-00
Date: 10/4/2011
Fiscal Year End: 7/31/2009
Audit Status: Field Audit [3]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$977.39, \$15.15, and dates 7/1/2011.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (unchecked)
Field Audited Cost (checked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
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Medicaid Reimbursement Rate Change Form

Northwest Medical Center
5801 North State Road 7
Margate FL 33063

Provider Number: 0104591-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$764.23 and \$56.95.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 10
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
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Medicaid Reimbursement Rate Change Form

Palmetto General Hospital
2001 West 68th St.
Hialeah FL 33016

Provider Number: 0104604-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Amended Cost Report [2]

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Community Hospital of New Port Richey
5637 Marine Parkway
New Port Richey FL 34652

Provider Number: 0105520-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$1,260.47 and \$37.43.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 5
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Specialty Hospital Jacksonville
4901 Richard Street
Jacksonville FL 32207

Provider Number: 0106470-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$640.05 and \$15.15.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 4
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Imperial Point Hospital
1608 S.E. 3rd Avenue
Ft. Lauderdale FL 33316

Provider Number: 0108219-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 10
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Imperial Point Hospital
1608 S.E. 3rd Avenue
Ft. Lauderdale FL 33316

Provider Number: 0108219-05
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 10
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Lake Butler Hospital
850 EAST MAIN ST. P.O.B. 748
Lake Butler FL 32954

Provider Number: 0108227-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Category, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with corresponding rates and dates.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

North Florida Regional Medical Center
P.O. Box NFR
Gainesville FL 32602

Provider Number: 0108626-00
Date: 10/4/2011
Fiscal Year End: 2/28/2010
Audit Status: Amended Cost Report [2]

Provider Type :

HOSPITAL

Table with 4 columns: Hospital Type, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient rates.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Pasco Community Hospital
13100 Fort King Road
Dade City FL 33525

Provider Number: 0109592-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Amended Cost Report [2]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$666.32, \$56.75, \$666.32, \$70.89 and dates 7/1/2011.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

- Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 5
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Coral Gables Hospital
P.O. BOX 610
Coral Gables FL 33134

Provider Number: 0109606-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Amended Cost Report [2]

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

- Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Ocala Regional Medical Center
1431 SW 1st Avenue Post Office Box 2200
Ocala FL 32678

Provider Number: 0109886-00
Date: 10/4/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$662.09 and \$78.78.

Rate Type :

Interim, Prospective, Total Interim, Total Prospective, Settlement Based on Cost

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Blake Memorial Hospital
2020 59th St. West
Bradenton FL 33505

Provider Number: 0110213-00
Date: 10/4/2011
Fiscal Year End: 4/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back and Partial Self Exemption

Provider Type :

HOSPITAL

Table with 4 columns: Category, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Ft. Walton Beach Medical Center
1000 Mar-Walt Drive
Ft. Walton FL 32547

Provider Number: 0111325-00
Date: 10/4/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$604.19 and \$39.65.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 1
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Gulf Coast Medical Center
PO Box 151247
Cape Coral FL 33915

Provider Number: 0111341-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back and 100% Self Exemption

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 8
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Orange Park Medical Center
2001 Kingsley Avenue
Orange Park FL 32073

Provider Number: 0111741-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$712.39 and \$71.87.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 4
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Westside Regional Medical Center
8201 West Broward Blvd.
Plantation FL 33324

Provider Number: 0112305-00
Date: 10/4/2011
Fiscal Year End: 1/31/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$796.37, \$48.10, and dates 7/1/2011.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 10
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Memorial Hospital Of Tampa
2901 Swann Avenue
Tampa FL 33609-0409

Provider Number: 0112798-00
Date: 10/4/2011
Fiscal Year End: 11/30/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$659.85 and \$115.92.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

University Hospital
7201 University Drive
Tamarac FL 33321

Provider Number: 0112801-00
Date: 10/4/2011
Fiscal Year End: 4/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$450.51 and \$57.17.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 10
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

West Florida Hospital
8383 North Davis Hwy.
Pensacola FL 32514

Provider Number: 0113212-00
Date: 10/4/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Hospital Type, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with rates of \$623.18 and \$57.97 respectively.

Rate Type :

Interim

X Prospective

Total Interim
Settlement Based on Cost

X Total Prospective

BASIS :

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

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 1
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Putnam Community Hospital
P.O. Drawer 778
Palatka FL 32007

Provider Number: 0113514-00
Date: 10/4/2011
Fiscal Year End: 2/28/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$1,290.76 and \$73.43.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Northside Hospital
6000 49th St. North
St. Petersburg FL 33709

Provider Number: 0115193-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 5
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Anne Bates Leach Eye Hospital
900 NW 17th St.
Miami FL 33136

Provider Number: 0116483-00
Date: 10/4/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Fawcett Memorial Hospital
PO BOX 494960
Port Charlotte FL 33952

Provider Number: 0117463-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$607.16 and \$71.81.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 8
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Gulf Coast Medical Center
449 West 23rd Street
Panama City FL 32405

Provider Number: 0117617-00
Date: 10/4/2011
Fiscal Year End: 1/31/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 2
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Brandon Regional Hospital
119 Oakfield Drive
Brandon FL 33511

Provider Number: 0118079-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Lawnwood Regional Medical Center
P.O. Box 188
Ft Pierce FL 33450

Provider Number: 0119695-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 9
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Cape Coral Hospital
PO Box 151247
Cape Coral FL 33915

Provider Number: 0119717-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back and 100% Self Exemption

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 8
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Venice Hospital
540 THE RIALTO
Venice FL 34285

Provider Number: 0119733-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$603.34 and \$62.76.

Rate Type :

Interim

X Prospective

Total Interim
Settlement Based on Cost

X Total Prospective

BASIS :

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

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 8
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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119741 - 2011/07

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Largo Medical Center
201 14th St., SW
Largo FL 33540

Provider Number: 0119741-00
Date: 10/4/2011
Fiscal Year End: 2/28/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 5
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Raulerson Hospital
P.O.Box 1307
Okeechobee FL 34974

Provider Number: 0119750-00
Date: 10/4/2011
Fiscal Year End: 4/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$1,600.24 and \$106.35.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

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

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 9
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Lake City Medical Center
1050 N. Commerce Blvd
Lake City FL 32055

Provider Number: 0119768-00
Date: 10/4/2011
Fiscal Year End: 10/31/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$541.20 and \$83.43.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Florida State Hospital-Med
Medicaid Billing Office
Chattahoochee FL 32324

Provider Number: 0119784-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Hospital Type, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with rates of \$582.90 and effective dates of 7/1/2011.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 2
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Capital Regional Medical Center
2626 CAPITAL MEDICAL BLVD
Tallahassee FL 32308

Provider Number: 0119806-00
Date: 10/4/2011
Fiscal Year End: 4/30/2010
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$818.79, \$945.06, \$83.53, and dates 7/1/2011.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 2
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Town and Country Hospital
6001 Webb Road
Tampa FL 33615

Provider Number: 0119849-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back and Partial Self Exemption

Provider Type :

Table with columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Regional Medical Center Bayonet Point
14000 FIVAY RD
Hudson FL 34667

Provider Number: 0119881-00
Date: 10/4/2011
Fiscal Year End: 2/28/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$713.67, \$78.97, and dates 7/1/2011.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 5
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Kindred Hospital - Coral Gables
5190 SW 8TH ST
Coral Gables FL 33134

Provider Number: 0119938-00
Date: 10/4/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$731.25, \$15.15, and dates 7/1/2011.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

South Bay Hospital
4016 STATE RD 674 EAST
Sun City Center FL 33570

Provider Number: 0119946-00
Date: 10/4/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back and Partial Self Exemption

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$722.94, \$1,368.28, \$68.27, \$104.47, and 7/1/2011.

Inpatient County Billing Rate

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Doctors Hospital Of Sarasota
5731 Bee Ridge Road
Sarasota FL 34233

Provider Number: 0119954-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$819.33 and \$75.02.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 8
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

St. Lucie Medical Center
1800 SE TIFFANY AVE.
Port St Lucie FL 34952

Provider Number: 0119971-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 9
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Seven Rivers Community Hospital
6201 N Suncoast Blvd.
Crystal River FL 32629

Provider Number: 0119989-00
Date: 10/4/2011
Fiscal Year End: 5/31/2010
Audit Status: Amended Cost Report [2]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$632.59, \$633.39, \$59.49, \$70.55 and dates 7/1/2011.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



120006 - 2011/07

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Plantation General Hospital
401 NW 42ND AVENUE
Plantation FL 33317

Provider Number: 0120006-00
Date: 10/4/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

Handwritten signature

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 10
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Sebastian Hospital
P.O. BOX 780838
Sebastian FL 32978

Provider Number: 0120014-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Amended Cost Report [2]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$668.08, \$63.50, \$668.08, \$71.15, 7/1/2011.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

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

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals, Managed Care, Contract Management, Area Adm. 9, Children's Medical Services, Florida Hospital Association, AHCA - County Billings, Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

St. Catherine's Rehabilitation Hospital
1050 NE 125 ST
North Miami FL 33161

Provider Number: 0120022-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$507.20 and \$15.15.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Healthsouth Larkin Hospital-Miami
7031 SW 62 AVE.
South Miami FL 33143

Provider Number: 0120057-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

- Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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120073 - 2011/07

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Oak Hill Hospital
P.O. BOX 5300
Spring Hill FL 33526

Provider Number: 0120073-00
Date: 10/4/2011
Fiscal Year End: 2/28/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$563.91 and \$59.22.

Rate Type :

Interim, Prospective, Total Interim, Total Prospective, Settlement Based on Cost

BASIS :

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

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 3
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Mease Hospital Countryside
16331 BayVista Drive
Clearwater FL 33760

Provider Number: 0120081-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back and 100% Self Exemption

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 5
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Delray Comm. Hosp.
5352 LINTON BLVD
Delray Beach FL 33445

Provider Number: 0120090-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$694.85, \$897.60, \$86.60, \$108.95, and dates 7/1/2011.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

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

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals, Managed Care, Contract Management, Area Adm. 9, Children's Medical Services, Florida Hospital Association, AHCA - County Billings, Vocational Rehabilitation

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(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

St. Petersburg General Hospital
6500 38TH AVE., NORTH
St Petersburg FL 33710

Provider Number: 0120103-00
Date: 10/4/2011
Fiscal Year End: 4/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 5
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Palms Of Pasadena Hospital
1501 Pasadena Ave.
South Pasadena FL 33707

Provider Number: 0120111-00
Date: 10/4/2011
Fiscal Year End: 11/30/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$736.14 and \$98.49.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 5
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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120138 - 2011/07

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Kendall Medical Center
11750 SW 40TH ST
Miami FL 33175

Provider Number: 0120138-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0120227-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 5
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

W. Boca Med. Ctr.
21644 STATE RD 7
Boca Raton FL 33428

Provider Number: 0120243-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back and 100% Self Exemption

Provider Type :

HOSPITAL

Table with 4 columns: Category, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 9
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Palms West Hospital
P.O. BOX 1150
Loxahatchee FL 33470

Provider Number: 0120260-00
Date: 10/4/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 9
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital-Sunrise
4399 NOB HILL RD
Ft Lauderdale FL 33351

Provider Number: 0120278-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$431.53 and \$43.68.

Rate Type :

Interim, Prospective, Total Interim, Settlement Based on Cost, Total Prospective

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 10
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Jupiter Hospital
1210 S Old Dixie Highway
Jupiter FL 33458

Provider Number: 0120294-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$825.70, \$1,106.05, \$69.05, \$89.01 and dates 7/1/2011.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 9
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Columbia Hospital
2201 45TH ST
West Palm Beach FL 33407

Provider Number: 0120308-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 9
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

H L Moffitt Cancer Center
12902 Magnolia Drive
Tampa FL 33612-9497

Provider Number: 0120324-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

H L Moffitt Cancer Center
12902 Magnolia Drive
Tampa FL 33612-9497

Provider Number: 0120324-02
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Amended Cost Report [2]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital-Tallahassee
1675 RIGGINS RD
Tallahassee FL 32308

Provider Number: 0120332-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$425.70 and \$58.86.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 2
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital-Treasure Coast
1600 37TH ST
Vero Beach FL 32960

Provider Number: 0120341-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Hospital Type, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with rates of \$416.58 and \$48.72 respectively.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 9
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Aventura Hospital & Medical Center
20900 Biscayne Blvd
Miami FL 33180

Provider Number: 0120375-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient/Outpatient, Current Rate, New Rate, Effective Date. Values include \$602.58 and \$35.87.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 11
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital Sarasota
3251 PROCTOR RD
Sarasota FL 33581

Provider Number: 0120383-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$370.05 and \$92.66.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 8
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Coral Springs Medical Center
303 South East 17th St.
Ft. Lauderdale FL 33316

Provider Number: 0120405-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

Table with 4 columns: HOSPITAL, Current Rate, New Rate, Effective Date. Rows include Inpatient, Outpatient, and Inpatient County Billing Rate.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Total Prospective (checked)
Settlement Based on Cost (unchecked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 10
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
Vocational Rehabilitation

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

Bartow Memorial Hospital
2200 Osprey Blvd Post Office Box 1050
Bartow FL 33830

Provider Number: 0120413-00
Date: 10/4/2011
Fiscal Year End: 3/31/2010
Audit Status: Unaudited Cost Report [1]
Rate Includes Buy Back

Provider Type :

HOSPITAL

Table with 4 columns: Hospital Type, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient rates.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 6
Children's Medical Services
Florida Hospital Association
AHCA - County Billings
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Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital-Sea Pines
101 E Florida Ave.
Melbourne FL 32901

Provider Number: 0120421-00
Date: 10/4/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Hospital Type, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with rates of \$410.16 and \$85.04 respectively.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

- Hospitals:
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Children's Medical Services
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Medicaid Reimbursement Rate Change Form

North Dade Health Center
1611 N.W. 12th Avenue
Miami FL 33136-

Provider Number: 0140422-00
Date: 10/4/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Inpatient, Outpatient, Current Rate, New Rate, Effective Date. Values include \$249.55, \$235.51, and dates 7/1/2011.

Rate Type :

Interim, Prospective, Total Interim, Total Prospective, Settlement Based on Cost

BASIS :

Budget, Unaudited Cost, Field Audited Cost, Revised Field Audit, Cost Report Late Test

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DISTRIBUTION:

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Area Adm. 11
Children's Medical Services
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Medicaid Reimbursement Rate Change Form

Florida State Hospital
Building 260
Chattahoochee FL 32324

Provider Number: 0260011-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Inpatient
Outpatient

Current Rate

New Rate

Effective Date

\$678.32

7/1/2011

7/1/2011

Rate Type :

Interim

X Prospective

Total Interim
Settlement Based on Cost

X Total Prospective

BASIS :

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

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DISTRIBUTION:

- Hospitals:
Managed Care
Contract Management
Area Adm. 2
Children's Medical Services
Florida Hospital Association
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Medicaid Reimbursement Rate Change Form

Northeast Florida State Hospital
HWY 121 SOUTH
Macclenny FL 32063

Provider Number: 0260029-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Inpatient
Outpatient

Current Rate

New Rate

Effective Date

\$364.59

7/1/2011

7/1/2011

Rate Type :

Interim

X Prospective

Total Interim
Settlement Based on Cost

X Total Prospective

BASIS :

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

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DISTRIBUTION:

- Hospitals:
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Area Adm. 4
Children's Medical Services
Florida Hospital Association
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260045 - 2011/07

Florida Agency For Health Care Administration
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Medicaid Reimbursement Rate Change Form

So. Fla. State Hosp
800 East Cypress Dr
Pembroke Pines FL 33025

Provider Number: 0260045-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Amended Cost Report [2]

Provider Type :

HOSPITAL

Table with 4 columns: Hospital Type, Current Rate, New Rate, Effective Date. Rows include Inpatient and Outpatient with a new rate of \$551.61 effective 7/1/2011.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Contract Management
Area Adm. 10
Children's Medical Services
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Medicaid Reimbursement Rate Change Form

W. Fla. Comm. Care
5500 Stewart St.
Milton FL 32570

Provider Number: 0260053-00
Date: 10/4/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Current Rate, New Rate, Effective Date. Rows for Inpatient and Outpatient. New Rate for Inpatient is \$211.53, Effective Date is 7/1/2011.

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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DISTRIBUTION:

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Children's Medical Services
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2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

University of South Alabama Medical Center
1504 Springhill Ave Suite #3170
Mobile AL 36604

Provider Number: 102814-00
Date: 10/4/2011
Fiscal Year End: 3/31/2000
Audit Status: Unaudited Cost Report [1]

Provider Type :

HOSPITAL

Table with 4 columns: Current Rate, New Rate, Effective Date. Rows for Inpatient (\$739.79, 7/1/2011) and Outpatient (\$15.15, 7/1/2011).

Rate Type :

Interim (unchecked)
Prospective (checked)
Total Interim (unchecked)
Settlement Based on Cost (unchecked)
Total Prospective (checked)

BASIS :

Budget (unchecked)
Unaudited Cost (checked)
Field Audited Cost (unchecked)
Revised Field Audit (unchecked)
Cost Report Late Test (unchecked)

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Medicaid Reimbursement Rate Change Form

Infirmiry West
5600 Girby Road
Mobile AL 36693

Provider Number: 102814-02
Date: 10/4/2011
Fiscal Year End: 3/31/2000
Audit Status: Interim Budget [4]

Provider Type :

HOSPITAL

Table with 4 columns: Hospital Type, Current Rate, New Rate, Effective Date. Rows include Inpatient (\$709.81, 7/1/2011) and Outpatient (\$15.15, 7/1/2011).

Rate Type :

X Interim

Prospective

Total Interim
X Settlement Based on Cost

Total Prospective

BASIS :

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

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DISTRIBUTION:

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Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive Mail Stop 21 Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form

U.S.A Children's & Women's Hospital
1504 Springhill Ave #3170
Mobile AL 36604

Provider Number: 102814-01
Date: 10/4/2011
Fiscal Year End: 3/31/2000
Audit Status: Interim Budget [4]

Provider Type :

HOSPITAL

Table with 4 columns: Hospital Type, Current Rate, New Rate, Effective Date. Rows include Inpatient (\$702.94, 7/1/2011) and Outpatient (\$50.87, 7/1/2011).

Rate Type :

X Interim

Prospective

Total Interim
X Settlement Based on Cost

Total Prospective

BASIS :

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

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DISTRIBUTION:

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