



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

004170 - 2013/07

Outpatient Rate: 14.66

Kindred Hospital The Palm Beaches

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2011-5/31/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,681,032	0	78,566	0	Total Bed Days	25,620
2. Routine	8,883,655		60,374		Total Inpatient Days	12,979
3. Special Care	2,936,709		44,944		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	111
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,507
7. Malpractice					Prospective Inflation factor	1.0338476854
8. Adjustments	-211,982	0	-1,901	0	Medicaid Paid Claims	0
9. Total Cost	20,289,414	0	181,983	0	Property Rate Allowance	0.80
10. Charges	\$73,843,331	\$0	\$681,953	0	First Semester in effect:	2013/07
11. Fixed Costs	2,640,619.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,371.40		0.00	County Ceiling Base	1,026.08	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,390.93	NA	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200			Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)		Reimbursed by Diagnosis Related Groups	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)			
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county			
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)			
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53	
AU	Medicaid Trend Adjustment	IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj			0.00
AW	Buy Back of Medicaid Trend Adjustment			0.00
AX	Buy Back of Exemption Tier Adjustment			0.00
AY	Final Prospective Rates		(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

009496 - 2013/07

Outpatient Rate: 14.66

UCHLTACH at Connerton

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,585,567	0	216,939	0	Total Bed Days	18,250
2. Routine	12,070,372		227,326		Total Inpatient Days	15,921
3. Special Care	723,484		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	279
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,725
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-241,470	0	-4,794	0	Medicaid Paid Claims	0
9. Total Cost	22,137,953	0	439,471	0	Property Rate Allowance	0.80
10. Charges	\$61,870,498	\$0	\$1,627,007	0	First Semester in effect:	2009/01
11. Fixed Costs	3,907,684.00		102,760.27		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,304.67		0.00	County Ceiling Base	856.32	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,231.94	NA	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,630.58	189.94	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

016815 - 2013/07

Outpatient Rate: 14.66

Kindred Hospital Melbourne

Type of Control: Proprietary(1)
 Fiscal Year : 8/1/2011-7/31/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,757,811	11,654	42,409	0	Total Bed Days	21,960
2. Routine	7,759,285		80,070		Total Inpatient Days	10,627
3. Special Care	2,527,230		3,172		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	88
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,160
7. Malpractice					Prospective Inflation factor	1.0328194928
8. Adjustments	-286,625	-185	-1,996	0	Medicaid Paid Claims	0
9. Total Cost	17,757,701	11,469	123,655	0	Property Rate Allowance	0.80
10. Charges	\$59,475,876	\$89,770	\$334,350	0	First Semester in effect:	2013/07
11. Fixed Costs	2,807,292.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,559.01		0.00	County Ceiling Base	971.81	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,645.99	NA	Cost Report DRI Index	2.011
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,580.38	184.09	FPLI	0.9320

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

020127 - 2013/07

Outpatient Rate: 214.71

Sacred Heart Hospital on the Gulf

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

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Gulf (23)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,304,814	9,032,770	163,893	1,287,174	Total Bed Days	6,954
2. Routine	2,658,939		289,143		Total Inpatient Days	1,188
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	148
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	678
7. Malpractice					Prospective Inflation factor	1.033333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims	5,842
9. Total Cost	3,963,753	9,032,770	453,036	1,287,174	Property Rate Allowance	1.00
10. Charges	\$4,090,660	\$20,981,077	\$460,791	3,198,710	First Semester in effect:	2013/07
11. Fixed Costs	3,521,783.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	422.36		250.14	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,543.42	179.78	FPLI	0.9102

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,287,174.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		1,287,174.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,330,079.80
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		5,842
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		227.68
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		227.68
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9102) for Gulf county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		227.68
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		227.68
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		547.54
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		565.79
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$227.68
AU	Medicaid Trend Adjustment IP% : 10.440 OP% : 8.223		\$18.72
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		5.75
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		214.71



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

025766 - 2013/07

Outpatient Rate: 321.27

Shriners Hospital for Children

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

Fiscal Year : 1/1/2012-12/31/2012

Hospital Classification: Specialized:Children's

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,699,964	6,285,528	226,198	330,897	Total Bed Days	21,960
2. Routine	5,380,711		739,529		Total Inpatient Days	844
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	116
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0307692308
8. Adjustments	0	0	0	0	Medicaid Paid Claims	1,011
9. Total Cost	11,080,675	6,285,528	965,727	330,897	Property Rate Allowance	0.80
10. Charges	\$19,178,114	\$16,887,028	\$947,137	986,168	First Semester in effect:	2009/07
11. Fixed Costs	1,459,354.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	12,568.65		360.86	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.015
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,585.30	184.66	FPLI	0.9349

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	330,897.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		330,897.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		341,078.45
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		1,011
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		337.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		337.37
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	337.37	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	337.37	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		986,168.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		975.44
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		1,005.45
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$337.37
AU	Medicaid Trend Adjustment IP% : 11.978 OP% : 7.782		\$26.25
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU * 88\%} \right]$		16.10
AW	Buy Back of Medicaid Trend Adjustment		26.25
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		321.27



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

025766 - 2013/07

Outpatient Rate: 167.80

County Billing ONLY

Shriners Hospital for Children

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

Fiscal Year : 1/1/2012-12/31/2012

Hospital Classification: Specialized:Children's

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,699,964	6,285,528	226,198	330,897	Total Bed Days	21,960
2. Routine	5,380,711		739,529		Total Inpatient Days	844
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	116
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0307692308
8. Adjustments	0	0	0	0	Medicaid Paid Claims	1,011
9. Total Cost	11,080,675	6,285,528	965,727	330,897	Property Rate Allowance	0.80
10. Charges	\$19,178,114	\$16,887,028	\$947,137	986,168	First Semester in effect:	2009/07
11. Fixed Costs	1,459,354.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	12,568.65	360.86	County Ceiling Base	Exempt	177.33	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.015
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,585.30	184.66	FPLI	0.9349

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	330,897.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		330,897.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		341,078.45
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		1,011
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		337.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		337.37
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		184.66
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	181.96	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	181.96	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	181.96	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		986,168.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		975.44
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		1,005.45
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$181.96
AU	Medicaid Trend Adjustment IP% : 11.978 OP% : 7.782		\$14.16
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		167.80



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

031588 - 2013/07

Outpatient Rate: 137.98

Viera Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	19,765,496	30,785,860	794,007	837,238	Total Bed Days	30,744
2. Routine	20,383,365		669,883		Total Inpatient Days	13,313
3. Special Care	6,532,652		226,648		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	535
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,212
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-157,758	-104,040	-5,713	-2,829	Medicaid Paid Claims	3,936
9. Total Cost	46,523,755	30,681,820	1,684,825	834,409	Property Rate Allowance	0.80
10. Charges	\$108,500,405	\$125,996,613	\$4,253,987	3,305,302	First Semester in effect:	2011/01
11. Fixed Costs	21,219,052.00		831,937.64		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,765.75		234.81	County Ceiling Base	971.81	179.09
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,580.38	184.09	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	834,408.59
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		834,408.59
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		861,365.13
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,936
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		218.84
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		218.84
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county		184.09
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		183.76
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	183.76	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	183.76	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	183.76	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		3,305,302.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		839.76
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		866.89
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$183.76
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$45.78
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		137.98



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

032265 - 2013/07

Outpatient Rate: 167.48

West Kendall Baptist Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	37,078,181	63,394,732	9,653,918	5,640,491	Total Bed Days	48,678
2. Routine	42,156,752		3,825,336		Total Inpatient Days	22,157
3. Special Care	8,624,509		1,284,608		Total Newborn Days	1,509
4. Newborn Routine	1,741,870		1,185,487		Medicaid Inpatient Days	2,589
5. Intern-Resident	284,300		26,250		Medicaid Newborn IP Days	151
6. Home Health					Medicare Inpatient Days	5,857
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-917,317	-646,968	-163,037	-57,563	Medicaid Paid Claims	19,305
9. Total Cost	88,968,295	62,747,764	15,812,562	5,582,928	Property Rate Allowance	0.80
10. Charges	\$267,606,750	\$277,835,130	\$27,959,440	20,067,118	First Semester in effect:	2011/01
11. Fixed Costs	21,627,260.00		2,259,606.97		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	4,238.51		247.81	County Ceiling Base	1,023.01	217.38
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	5,582,927.61
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,582,927.61
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,763,290.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		19,305
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		298.54
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		298.54
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		237.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	223.05	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	223.05	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	223.05	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		20,067,118.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,039.48
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,073.06
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$223.05
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$55.57
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		167.48



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

032975 - 2013/07

Outpatient Rate: 74.30

Palm Bay Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	17,715,380	26,296,884	1,804,589	1,931,018	Total Bed Days	55,632
2. Routine	28,284,569		2,352,354		Total Inpatient Days	25,151
3. Special Care	6,077,760		811,736		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,526
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,952
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-738,553	-372,936	-70,465	-27,385	Medicaid Paid Claims	19,859
9. Total Cost	51,339,156	25,923,948	4,898,214	1,903,633	Property Rate Allowance	0.80
10. Charges	\$179,301,329	\$177,008,299	\$15,799,775	14,486,828	First Semester in effect:	2011/01
11. Fixed Costs	11,325,316.00		997,970.54		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,710.21		106.17	County Ceiling Base	971.81	179.09
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,580.38	184.09	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,903,632.78
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,903,632.78
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,965,131.85
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		19,859
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		98.95
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		98.95
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county		184.09
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		183.76
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	183.76	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	98.95	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	98.95	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		14,486,828.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		729.48
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		753.05
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$98.95
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$24.65
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		74.30

Florida Agency for Health Care Administration

Computation of Hospital Prospective Payment Rates

Provider Name: Nemours Children's
Provider Number: 040876

From: 10/01/12
To: 12/31/13

	TOTAL		MEDICAID		STATISTICS	
	Inpatient	Outpatient	Inpatient	Outpatient		
Ancillary	43,206,706.00	35,490,766.00	22,314,713.00	20,285,935.00	Total Bed Days	32668
Routine	24,793,457.00		13,636,510.00		Total Inpatient Days	14873
Special Care	19,358,618.00		10,646,209.00		Total Newborn Days	0
Newborn Routine	0.00		0.00		Medicaid Inpatient Days	8180
Intern/Resident	0.00		0.00		Medicaid Newborn IP Days	0
Home Health					Medicare Inpatient Days	0
Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0000000000
Adjustments	-601,167.16	-244,233.00	-320,664.34	-139,599.00	Medicaid Paid Claims	62,764
Total Costs	86,757,614.00	35,246,533.00	46,276,768.00	20,146,336.00	Property Rate Allowance	0.8
Charges	130,705,409.00	71,023,909.00	71,887,976.00	37,315,698.00	First Semester in Effect	7/1/12
Fixed Costs	30,938,005.00		17,015,903.00		Last Rate Semester in Effect	7/1/2013

Ceiling and Target Information

	IP	OP		IP	OP	Inflation/ FPLI Data	
Normalized Rate	3651.99	327.71	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.077
Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.049
Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Years Used	2008
Rate of Increase	1.011816	1.026091	County Ceiling	1,660.93	193.47	FPLI	0.9795

Rate Calculations

	INPATIENT	OUTPATIENT
Total Medicaid Cost	Reimbursed by	20,146,335.55
Apportioned Medicaid Fixed Costs	Diagnosis	0
Total Medicaid Variable Operating Cost	Related Groups	20,146,335.55
Variable Operating Cost Inflated		20,146,335.55
Total Medicaid Days		62,764
Variable Cost Rate		320.99
Variable Cost Target		Exempt
Lesser of Inflated Variable Cost Rate or Target Rate		320.99
County Rate Ceiling		Exempt
County Ceiling Target Rate		Exempt
Lesser of County Rate Ceiling Or County Ceiling Target Rate		Exempt
Lesser of Variable Cost or County Ceiling		320.99
Plus Rate For Fixed Costs and Property Allowance		0.00
Plus Rate For Return on Equity		0.00
Total Rate Based On Medicaid Cost Data		320.99
Total Medicaid Charges		37,315,698.00
Charges Divided by Medicaid Days or Medicaid Paid Claims		594.54
Rate Based On Medicaid Charges adjusted For Inflation		594.54
Prospective Rate (Lesser of rate based on cost or charges)		320.99
Medicaid Trend Adjustment IP%: 12.214 OP%: 8.190		24.98
Exemption Tier Adj.		0.00
Buy-Back of Medicaid Trend Adjustment		0.00
Buy-Back of Exemption Tier Adjustment		0.00
Final Prospective Rates		296.01
Final Prospective Rates (CON Settlement Agreement Rate) - Effective 7/1/2013 - 6/30/2014		219.38



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

054568 - 2013/07

Outpatient Rate: 100.32

Florida Hospital Wesley Chapel

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

Fiscal Year : 10/1/2012-12/31/2013

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Pasco (51)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	22,086,429	24,487,857	2,111,055	1,808,244	Total Bed Days 37,931
2. Routine	13,999,801		1,466,505		Total Inpatient Days 13,670
3. Special Care	4,616,846		499,180		Total Newborn Days 365
4. Newborn Routine	368,045		39,325		Medicaid Inpatient Days 1,478
5. Intern-Resident	0		0		Medicaid Newborn IP Days 8
6. Home Health					Medicare Inpatient Days 0
7. Malpractice					Prospective Inflation factor 1.0000000000
8. Adjustments	-730,832	-435,744	-73,242	-32,176	Medicaid Paid Claims 13,293
9. Total Cost	40,340,289	24,052,113	4,042,823	1,776,068	Property Rate Allowance 0.80
10. Charges	\$167,888,827	\$143,618,815	\$13,009,459	9,798,781	First Semester in effect: 2012/07
11. Fixed Costs	9,597,654.00		743,708.13		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,308.79		138.95	County Ceiling Base	856.32	173.57
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.049
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,630.58	189.94	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,776,067.57
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,776,067.57
AE	Variable Operating Cost - NOT Inflated due to Interim status		1,776,067.57
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,293
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		133.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		133.61
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county		189.94
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		178.10
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	178.10	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	133.61	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	133.61	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		9,798,781.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		737.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		737.14
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$133.61
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$33.29
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		100.32



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

063447 - 2013/07

Outpatient Rate: 140.31

Park Royal Hospital

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

Fiscal Year : 1/1/2012-12/31/2012

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Lee (36)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0	325,000	0	16,250	Total Bed Days	0
2. Routine	13,351,700		400,610		Total Inpatient Days	22,630
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	679
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	117,148	2,852	3,515	143	Prospective Inflation factor	1.0000000000
8. Adjustments	0	0	0	0	Medicaid Paid Claims	65
9. Total Cost	13,468,848	327,852	404,125	16,393	Property Rate Allowance	0.80
10. Charges	\$15,250,950	\$422,500	\$458,325	21,125	First Semester in effect:	2011/07
11. Fixed Costs	0.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	627.96		266.08	County Ceiling Base	989.46	182.12
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.015
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,607.17	187.21	FPLI	0.9478

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	16,392.58
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		16,392.58
AE	Variable Operating Cost - NOT Inflated due to Interim status		16,392.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		65
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		252.19
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		252.19
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county		187.21
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		186.87
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	186.87	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	186.87	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	186.87	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		21,125.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		325.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		325.00
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$186.87
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$46.56
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		140.31



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

083692 - 2013/07

Outpatient Rate: 14.66

Healthsouth Rehab of Ocala

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

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

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Marion (42)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0	0	0	0	Total Bed Days	14,600
2. Routine	10,416,556		55,208		Total Inpatient Days	9,644
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	51
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,294
7. Malpractice					Prospective Inflation factor	1.0000000000
8. Adjustments	-133,267	0	-706	0	Medicaid Paid Claims	3
9. Total Cost	10,283,289	0	54,502	0	Property Rate Allowance	0.80
10. Charges	\$16,394,848	\$0	\$302,003	0	First Semester in effect:	2012/07
11. Fixed Costs	1,207,757.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	997.40		0.00	County Ceiling Base	912.11	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	NA	Cost Report DRI Index	2.051
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,599.88	186.36	FPLI	0.9435

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200			Inpatient	Outpatient	
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)		Reimbursed by Diagnosis Related Groups		
AB	Total Fixed Costs				
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)				
AE	Variable Operating Cost - NOT Inflated due to Interim status				
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)				3
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)				
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)				
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)				
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9435) for Marion county				
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)				
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)				
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)				
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9				
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)				
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)				
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)				
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)				
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)			\$19.53	
AU	Medicaid Trend Adjustment	IP% : 30.458 OP% : 24.915		\$4.87	
AV	Exemption Tier Adj			0.00	
AW	Buy Back of Medicaid Trend Adjustment			0.00	
AX	Buy Back of Exemption Tier Adjustment			0.00	
AY	Final Prospective Rates		(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100030 - 2013/07

Outpatient Rate: 261.94

Shands Teaching Hospital

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

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: Specialized: Statutory Teaching

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Alachua (1)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	436,182,405	222,681,313	81,562,566	38,565,864	Total Bed Days 318,279
2. Routine	201,510,828		41,262,164		Total Inpatient Days 246,540
3. Special Care	69,171,140		9,876,921		Total Newborn Days 24,089
4. Newborn Routine	23,023,162		14,885,579		Medicaid Inpatient Days 41,716
5. Intern-Resident	0		0		Medicaid Newborn IP Days 15,621
6. Home Health					Medicare Inpatient Days 88,941
7. Malpractice					Prospective Inflation factor 1.033333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims 152,139
9. Total Cost	729,887,535	222,681,313	147,587,230	38,565,864	Property Rate Allowance 0.80
10. Charges	\$1,978,385,651	\$869,080,268	\$373,715,750	126,727,227	First Semester in effect: 2013/07
11. Fixed Costs	76,693,725.00		14,487,394.28		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,720.59		297.09	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,495.09	174.15	FPLI	0.8817

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	38,565,864.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		38,565,864.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		39,851,392.80
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		152,139
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		261.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		261.94
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8817) for Alachua county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	261.94	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	261.94	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		126,727,227.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		832.97
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		860.74
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$261.94
AU	Medicaid Trend Adjustment IP% : 27.167 OP% : 22.571		\$59.12
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 70\%)$		21.03
AW	Buy Back of Medicaid Trend Adjustment		59.12
AX	Buy Back of Exemption Tier Adjustment		21.03
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		261.94



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100030 - 2013/07

Outpatient Rate: 123.13

County Billing ONLY

Shands Teaching Hospital

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

Fiscal Year : 7/1/2011-6/30/2012

Type of Action: Unaudited Cost Report [1]

County: Alachua (1)

District: 3

Hospital Classification: Specialized: Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	436,182,405	222,681,313	81,562,566	38,565,864	Total Bed Days	318,279
2. Routine	201,510,828		41,262,164		Total Inpatient Days	246,540
3. Special Care	69,171,140		9,876,921		Total Newborn Days	24,089
4. Newborn Routine	23,023,162		14,885,579		Medicaid Inpatient Days	41,716
5. Intern-Resident	0		0		Medicaid Newborn IP Days	15,621
6. Home Health					Medicare Inpatient Days	88,941
7. Malpractice					Prospective Inflation factor	1.0333333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims	152,139
9. Total Cost	729,887,535	222,681,313	147,587,230	38,565,864	Property Rate Allowance	0.80
10. Charges	\$1,978,385,651	\$869,080,268	\$373,715,750	126,727,227	First Semester in effect:	2013/07
11. Fixed Costs	76,693,725.00		14,487,394.28		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,720.59	297.09	County Ceiling Base	Exempt	159.82	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,500.35	231.72	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,495.09	174.15	FPLI	0.8817

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	38,565,864.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		38,565,864.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		39,851,392.80
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		152,139
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		261.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		237.77
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		237.77
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8817) for Alachua county		174.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		163.99
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		163.99
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		163.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		163.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		126,727,227.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	832.97	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	860.74	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$163.99	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$40.86	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	123.13	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

100048 - 2013/07

Outpatient Rate: 72.30

Ed Fraser Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Baker (2)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	25,003	8,717,954	0	863,518	Total Bed Days	9,150
2. Routine	1,218,891		17,665		Total Inpatient Days	41
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	36
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-19,080	-133,728	-271	-13,246	Medicaid Paid Claims	11,477
9. Total Cost	1,224,814	8,584,226	17,394	850,272	Property Rate Allowance	1.00
10. Charges	\$201,110	\$45,807,468	\$17,665	3,832,896	First Semester in effect:	2013/07
11. Fixed Costs	442,769.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	20,646.40		80.19	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,617.18	188.37	FPLI	0.9537

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	850,272.22
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		850,272.22
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		877,741.25
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		11,477
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		76.48
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		76.48
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9537) for Baker county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		76.48
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		76.48
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		333.96
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		344.75
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$76.48
AU	Medicaid Trend Adjustment IP% : 14.581 OP% : 8.223		\$6.29
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		2.11
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		72.30



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100064 - 2013/07

Outpatient Rate: 130.66

Bay Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2011-3/31/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Bay (3)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	28,497,016	32,892,145	5,475,792	3,073,918	Total Bed Days 59,109
2. Routine	18,733,357		3,035,877		Total Inpatient Days 35,794
3. Special Care	12,382,065		1,147,790		Total Newborn Days 260
4. Newborn Routine	189,328		112,140		Medicaid Inpatient Days 5,834
5. Intern-Resident	0		0		Medicaid Newborn IP Days 8
6. Home Health					Medicare Inpatient Days 19,107
7. Malpractice					Prospective Inflation factor 1.033333333
8. Adjustments	-814,517	-448,001	-133,092	-41,868	Medicaid Paid Claims 23,979
9. Total Cost	58,987,249	32,444,144	9,638,507	3,032,050	Property Rate Allowance 0.80
10. Charges	\$216,049,319	\$217,348,439	\$32,483,395	17,684,537	First Semester in effect: 2013/07
11. Fixed Costs	11,658,594.00		1,752,890.11		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,556.88		145.84	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,519.17	176.96	FPLI	0.8959

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,032,050.34
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,032,050.34
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,133,118.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		23,979
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		130.66
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		130.66
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	130.66	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	130.66	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		17,684,537.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		737.50
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		762.08
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$130.66
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$32.55
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU * 70\%} \right]$		2.44
AW	Buy Back of Medicaid Trend Adjustment		32.55
AX	Buy Back of Exemption Tier Adjustment		2.44
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		130.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100064 - 2013/07

Outpatient Rate: 89.31

County Billing ONLY

Bay Medical Center

Type of Control: Government (4)
 Fiscal Year : 10/1/2011-3/31/2012
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Bay (3)
 District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	28,497,016	32,892,145	5,475,792	3,073,918	Total Bed Days 59,109
2. Routine	18,733,357		3,035,877		Total Inpatient Days 35,794
3. Special Care	12,382,065		1,147,790		Total Newborn Days 260
4. Newborn Routine	189,328		112,140		Medicaid Inpatient Days 5,834
5. Intern-Resident	0		0		Medicaid Newborn IP Days 8
6. Home Health					Medicare Inpatient Days 19,107
7. Malpractice					Prospective Inflation factor 1.033333333
8. Adjustments	-814,517	-448,001	-133,092	-41,868	Medicaid Paid Claims 23,979
9. Total Cost	58,987,249	32,444,144	9,638,507	3,032,050	Property Rate Allowance 0.80
10. Charges	\$216,049,319	\$217,348,439	\$32,483,395	17,684,537	First Semester in effect: 2013/07
11. Fixed Costs	11,658,594.00		1,752,890.11		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,556.88	145.84	County Ceiling Base	932.76	162.19	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	810.33	115.93	Cost Report DRI Index 2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,519.17	176.96	FPLI 0.8959

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,032,050.34
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,032,050.34
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,133,118.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		23,979
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		130.66
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		118.95
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		118.95
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county		176.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		166.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		166.42
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		118.95
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		118.95
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		17,684,537.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	737.50	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	762.08	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$118.95	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$29.64	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	89.31	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100072 - 2013/07

Outpatient Rate: 109.53

Shands at Starke

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: Rural Hospital

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Bradford (4)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	2,784,183	11,038,876	432,259	2,373,696	Total Bed Days 9,150
2. Routine	4,703,297		401,838		Total Inpatient Days 5,129
3. Special Care	0		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 538
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 3,037
7. Malpractice					Prospective Inflation factor 1.033333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims 21,890
9. Total Cost	7,487,480	11,038,876	834,097	2,373,696	Property Rate Allowance 1.00
10. Charges	\$25,783,737	\$66,230,967	\$3,248,376	12,922,568	First Semester in effect: 2013/07
11. Fixed Costs	1,847,849.00		232,802.11		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,290.82		125.24	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,517.13	176.72	FPLI	0.8947

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,373,696.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,373,696.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,452,819.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		21,890
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.05
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		112.05
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8947) for Bradford county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	112.05	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	112.05	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		12,922,568.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		590.34
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		610.02
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$112.05
AU	Medicaid Trend Adjustment IP% : 10.440 OP% : 8.223		\$9.21
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		6.69
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		109.53



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100081 - 2013/07

Outpatient Rate: 94.76

Holmes Regional Medical Center

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	150,507,664	97,309,200	11,514,500	3,991,061	Total Bed Days	188,124
2. Routine	107,743,175		9,615,275		Total Inpatient Days	135,797
3. Special Care	23,887,677		2,019,761		Total Newborn Days	8,566
4. Newborn Routine	5,447,628		2,742,895		Medicaid Inpatient Days	13,462
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,076
6. Home Health					Medicare Inpatient Days	55,098
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-3,882,230	-1,313,612	-349,531	-53,877	Medicaid Paid Claims	33,940
9. Total Cost	283,703,914	95,995,588	25,542,900	3,937,184	Property Rate Allowance	0.80
10. Charges	\$1,102,322,848	\$558,054,135	\$86,634,672	23,894,028	First Semester in effect:	2013/07
11. Fixed Costs	41,815,083.00		3,286,365.70		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,695.69		128.49	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,580.38	184.09	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,937,184.22
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,937,184.22
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,064,379.54
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		33,940
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.75
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		119.75
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		119.75
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		119.75
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		23,894,028.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	704.01	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	726.75	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$119.75	
AU	Medicaid Trend Adjustment IP% : 29.426 OP% : 24.149	\$28.92	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	3.93	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	94.76	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100081 - 2013/07

Outpatient Rate: 89.91

County Billing ONLY

Holmes Regional Medical Center

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	150,507,664	97,309,200	11,514,500	3,991,061	Total Bed Days 188,124
2. Routine	107,743,175		9,615,275		Total Inpatient Days 135,797
3. Special Care	23,887,677		2,019,761		Total Newborn Days 8,566
4. Newborn Routine	5,447,628		2,742,895		Medicaid Inpatient Days 13,462
5. Intern-Resident	0		0		Medicaid Newborn IP Days 1,076
6. Home Health					Medicare Inpatient Days 55,098
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-3,882,230	-1,313,612	-349,531	-53,877	Medicaid Paid Claims 33,940
9. Total Cost	283,703,914	95,995,588	25,542,900	3,937,184	Property Rate Allowance 0.80
10. Charges	\$1,102,322,848	\$558,054,135	\$86,634,672	23,894,028	First Semester in effect: 2013/07
11. Fixed Costs	41,815,083.00		3,286,365.70		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,695.69	128.49	County Ceiling Base	971.81	179.09	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	995.60	124.03	Cost Report DRI Index 2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,580.38	184.09	FPLI 0.9320

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,937,184.22
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,937,184.22
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,064,379.54
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		33,940
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.75
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		127.27
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		119.75
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county		184.09
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		183.76
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		183.76
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		119.75
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		119.75
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		23,894,028.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	704.01	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	726.75	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$119.75	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$29.84	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	89.91	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100099 - 2013/07

Outpatient Rate: 95.43

Cape Canaveral Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	26,942,302	41,054,869	2,501,671	1,291,654	Total Bed Days	54,900
2. Routine	26,381,897		1,906,338		Total Inpatient Days	25,510
3. Special Care	5,090,271		316,592		Total Newborn Days	1,537
4. Newborn Routine	883,143		314,301		Medicaid Inpatient Days	2,175
5. Intern-Resident	0		0		Medicaid Newborn IP Days	33
6. Home Health					Medicare Inpatient Days	11,420
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-735,564	-509,270	-62,506	-16,022	Medicaid Paid Claims	10,361
9. Total Cost	58,562,049	40,545,599	4,976,396	1,275,632	Property Rate Allowance	0.80
10. Charges	\$184,548,565	\$236,414,039	\$15,416,007	7,764,160	First Semester in effect:	2013/07
11. Fixed Costs	12,761,571.00		1,066,020.04		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,961.61		136.37	County Ceiling Base	971.81	179.09
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	776.03	141.20	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,580.38	184.09	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,275,631.53
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,275,631.53
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,316,842.29
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		10,361
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		127.10
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		144.88
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		127.10
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county		184.09
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		183.76
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	183.76	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	127.10	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	127.10	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		7,764,160.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		749.36
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		773.57
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$127.10
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$31.67
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		95.43



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100102 - 2013/07

Outpatient Rate: 177.44

Parrish Medical Center

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	25,441,954	62,509,319	2,490,076	4,491,352	Total Bed Days	76,860
2. Routine	37,807,662		2,985,076		Total Inpatient Days	30,454
3. Special Care	5,002,704		0		Total Newborn Days	1,542
4. Newborn Routine	1,169,760		747,980		Medicaid Inpatient Days	2,679
5. Intern-Resident	0		0		Medicaid Newborn IP Days	64
6. Home Health					Medicare Inpatient Days	14,294
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-930,546	-837,886	-83,416	-60,203	Medicaid Paid Claims	25,780
9. Total Cost	68,491,534	61,671,433	6,139,716	4,431,149	Property Rate Allowance	0.80
10. Charges	\$174,065,816	\$355,679,207	\$13,587,903	22,961,826	First Semester in effect:	2013/07
11. Fixed Costs	17,607,310.00		1,374,459.53		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,924.22		190.39	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,580.38	184.09	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,431,149.12
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,431,149.12
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,574,302.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		25,780
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		177.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		177.44
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	177.44	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	177.44	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		22,961,826.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		890.68
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		919.45
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$177.44
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$44.21
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		44.21
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		177.44



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100102 - 2013/07

Outpatient Rate: 82.41

County Billing ONLY

Parrish Medical Center

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	25,441,954	62,509,319	2,490,076	4,491,352	Total Bed Days	76,860
2. Routine	37,807,662		2,985,076		Total Inpatient Days	30,454
3. Special Care	5,002,704		0		Total Newborn Days	1,542
4. Newborn Routine	1,169,760		747,980		Medicaid Inpatient Days	2,679
5. Intern-Resident	0		0		Medicaid Newborn IP Days	64
6. Home Health					Medicare Inpatient Days	14,294
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-930,546	-837,886	-83,416	-60,203	Medicaid Paid Claims	25,780
9. Total Cost	68,491,534	61,671,433	6,139,716	4,431,149	Property Rate Allowance	0.80
10. Charges	\$174,065,816	\$355,679,207	\$13,587,903	22,961,826	First Semester in effect:	2013/07
11. Fixed Costs	17,607,310.00		1,374,459.53		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,924.22	190.39	County Ceiling Base	971.81	179.09	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	794.04	106.96	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,580.38	184.09	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,431,149.12
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,431,149.12
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,574,302.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		25,780
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		177.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		109.75
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		109.75
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county		184.09
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		183.76
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		183.76
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		109.75
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		109.75
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		22,961,826.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	890.68	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	919.45	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$109.75	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$27.34	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	82.41	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100111 - 2013/07

Outpatient Rate: 78.01

Wuesthoff Memorial Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	45,789,056	42,032,097	4,333,233	2,533,217	Total Bed Days	109,003
2. Routine	33,478,387		2,266,535		Total Inpatient Days	60,714
3. Special Care	12,630,826		1,865,689		Total Newborn Days	968
4. Newborn Routine	105,050		83,777		Medicaid Inpatient Days	5,438
5. Intern-Resident	0		0		Medicaid Newborn IP Days	403
6. Home Health					Medicare Inpatient Days	27,471
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-1,228,511	-561,251	-114,157	-33,826	Medicaid Paid Claims	24,020
9. Total Cost	90,774,808	41,470,846	8,435,077	2,499,391	Property Rate Allowance	0.80
10. Charges	\$539,948,382	\$402,736,160	\$46,593,697	26,754,903	First Semester in effect:	2013/07
11. Fixed Costs	9,854,734.00		850,393.31		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,438.28		115.26	County Ceiling Base	971.81	179.09
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	880.78	101.25	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,580.38	184.09	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,499,391.20
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,499,391.20
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,580,136.94
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		24,020
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		107.42
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		103.89
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		103.89
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county		184.09
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		183.76
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	183.76	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	103.89	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	103.89	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		26,754,903.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,113.86
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,149.84
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$103.89
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$25.88
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		78.01



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100129 - 2013/07

Outpatient Rate: 201.25

Broward General Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	143,867,764	134,925,439	38,928,088	19,427,888	Total Bed Days 240,096
2. Routine	93,782,280		23,394,396		Total Inpatient Days 150,362
3. Special Care	57,078,484		22,276,563		Total Newborn Days 6,231
4. Newborn Routine	2,301,113		238,199		Medicaid Inpatient Days 48,597
5. Intern-Resident	0		0		Medicaid Newborn IP Days 142
6. Home Health					Medicare Inpatient Days 27,947
7. Malpractice					Prospective Inflation factor 1.033333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims 99,755
9. Total Cost	297,029,641	134,925,439	84,837,246	19,427,888	Property Rate Allowance 0.80
10. Charges	\$1,114,906,651	\$660,695,850	\$284,480,565	77,621,977	First Semester in effect: 2013/07
11. Fixed Costs	33,136,644.00		8,455,175.33		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,496.67		186.00	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	19,427,888.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		19,427,888.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		20,075,484.27
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		99,755
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		201.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		201.25
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	201.25	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	201.25	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	77,621,977.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	778.13	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	804.07	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$201.25	
AU	Medicaid Trend Adjustment IP% : 26.005 OP% : 24.149	\$48.60	
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 70\%)$	14.16	
AW	Buy Back of Medicaid Trend Adjustment	48.60	
AX	Buy Back of Exemption Tier Adjustment	14.16	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	201.25	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100129 - 2013/07

Outpatient Rate: 100.54

County Billing ONLY

Broward General Hospital

Type of Control: Government (4)
 Fiscal Year : 7/1/2011-6/30/2012
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	143,867,764	134,925,439	38,928,088	19,427,888	Total Bed Days 240,096
2. Routine	93,782,280		23,394,396		Total Inpatient Days 150,362
3. Special Care	57,078,484		22,276,563		Total Newborn Days 6,231
4. Newborn Routine	2,301,113		238,199		Medicaid Inpatient Days 48,597
5. Intern-Resident	0		0		Medicaid Newborn IP Days 142
6. Home Health					Medicare Inpatient Days 27,947
7. Malpractice					Prospective Inflation factor 1.033333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims 99,755
9. Total Cost	297,029,641	134,925,439	84,837,246	19,427,888	Property Rate Allowance 0.80
10. Charges	\$1,114,906,651	\$660,695,850	\$284,480,565	77,621,977	First Semester in effect: 2013/07
11. Fixed Costs	33,136,644.00		8,455,175.33		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,496.67	186.00	County Ceiling Base	986.86	195.81	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,128.05	130.50	Cost Report DRI Index 2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI 1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	19,427,888.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		19,427,888.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		20,075,484.27
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		99,755
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		201.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		133.90
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		133.90
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.92
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.92
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		133.90
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		133.90
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		77,621,977.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	778.13	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	804.07	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$133.90	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$33.36	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	100.54	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100188 - 2013/07

Outpatient Rate: 89.10

Holy Cross Hospital, Inc.

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

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	109,225,546	153,027,403	4,585,942	2,868,721	Total Bed Days 207,251
2. Routine	68,185,130		2,842,229		Total Inpatient Days 88,902
3. Special Care	26,696,337		2,202,535		Total Newborn Days 2,538
4. Newborn Routine	1,006,636		288,350		Medicaid Inpatient Days 4,669
5. Intern-Resident	0		0		Medicaid Newborn IP Days 291
6. Home Health					Medicare Inpatient Days 41,419
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-2,177,462	-1,624,520	-105,300	-30,454	Medicaid Paid Claims 12,146
9. Total Cost	202,936,187	151,402,883	9,813,757	2,838,267	Property Rate Allowance 0.80
10. Charges	\$921,995,040	\$805,467,968	\$34,128,687	15,591,499	First Semester in effect: 2013/07
11. Fixed Costs	34,531,272.00		1,278,214.01		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,653.35		224.51	County Ceiling Base	986.86	202.85
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	908.95	115.65	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,838,267.01
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,838,267.01
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,950,490.78
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,146
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		242.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		118.67
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		118.67
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		208.14
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	208.14	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	118.67	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	118.67	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,591,499.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,283.67
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,334.43
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$118.67
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$29.57
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		89.10



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100196 - 2013/07

Outpatient Rate: 14.66

Kindred Hospital-Ft. Lauderdale

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2011-8/31/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,549,091	0	27,905	0	Total Bed Days	25,620
2. Routine	12,183,383		15,854		Total Inpatient Days	17,708
3. Special Care	2,647,498		12,451		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	31
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-462,369	0	-949	0	Medicaid Paid Claims	0
9. Total Cost	26,917,603	0	55,261	0	Property Rate Allowance	0.80
10. Charges	\$122,085,262	\$0	\$280,780	0	First Semester in effect:	2013/07
11. Fixed Costs	3,618,055.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,255.33		0.00	County Ceiling Base	986.86	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	816.58	NA	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI	1.0820

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100200 - 2013/07

Outpatient Rate: 222.47

Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 5/1/2011-4/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	230,271,847	237,916,003	53,347,230	27,714,218	Total Bed Days 372,222
2. Routine	143,823,926		24,300,428		Total Inpatient Days 175,585
3. Special Care	41,443,398		10,652,607		Total Newborn Days 29,142
4. Newborn Routine	25,071,385		13,841,404		Medicaid Inpatient Days 35,580
5. Intern-Resident	1,865,982		333,975		Medicaid Newborn IP Days 11,498
6. Home Health					Medicare Inpatient Days 48,117
7. Malpractice					Prospective Inflation factor 1.0343625498
8. Adjustments	0	0	0	0	Medicaid Paid Claims 128,857
9. Total Cost	442,476,538	237,916,003	102,475,644	27,714,218	Property Rate Allowance 0.80
10. Charges	\$2,042,977,391	\$1,462,664,180	\$546,850,332	144,965,671	First Semester in effect: 2013/07
11. Fixed Costs	94,672,527.00		25,341,299.93		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,566.30		205.61	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	27,714,218.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		27,714,218.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		28,666,549.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		128,857
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		222.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		222.47
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	222.47	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	222.47	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		144,965,671.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,125.01
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,163.67
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$222.47
AU	Medicaid Trend Adjustment IP% : 29.426 OP% : 22.571		\$50.21
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 70\%)$		17.75
AW	Buy Back of Medicaid Trend Adjustment		50.21
AX	Buy Back of Exemption Tier Adjustment		17.75
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		222.47



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100200 - 2013/07

Outpatient Rate: 104.97

County Billing ONLY

Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 5/1/2011-4/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	230,271,847	237,916,003	53,347,230	27,714,218	Total Bed Days	372,222
2. Routine	143,823,926		24,300,428		Total Inpatient Days	175,585
3. Special Care	41,443,398		10,652,607		Total Newborn Days	29,142
4. Newborn Routine	25,071,385		13,841,404		Medicaid Inpatient Days	35,580
5. Intern-Resident	1,865,982		333,975		Medicaid Newborn IP Days	11,498
6. Home Health					Medicare Inpatient Days	48,117
7. Malpractice					Prospective Inflation factor	1.0343625498
8. Adjustments	0	0	0	0	Medicaid Paid Claims	128,857
9. Total Cost	442,476,538	237,916,003	102,475,644	27,714,218	Property Rate Allowance	0.80
10. Charges	\$2,042,977,391	\$1,462,664,180	\$546,850,332	144,965,671	First Semester in effect:	2013/07
11. Fixed Costs	94,672,527.00		25,341,299.93		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,566.30	205.61	County Ceiling Base	986.86	195.81	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	951.11	136.25	Cost Report DRI Index	2.008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	27,714,218.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		27,714,218.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		28,666,549.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		128,857
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		222.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		139.80
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		139.80
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.92
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	200.92	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	139.80	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	139.80	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		144,965,671.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,125.01
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,163.67
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$139.80
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$34.83
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		104.97



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100218 - 2013/07

Outpatient Rate: 156.42

North Broward Medical Center

Type of Control: Government (4)

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	78,114,155	50,956,719	7,133,489	4,809,632	Total Bed Days	125,172
2. Routine	54,888,217		6,223,629		Total Inpatient Days	76,015
3. Special Care	11,627,651		1,368,547		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	9,097
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	19,740
7. Malpractice					Prospective Inflation factor	1.0333333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims	31,774
9. Total Cost	144,630,023	50,956,719	14,725,665	4,809,632	Property Rate Allowance	0.80
10. Charges	\$556,835,820	\$263,512,015	\$52,271,659	21,156,062	First Semester in effect:	2013/07
11. Fixed Costs	13,479,893.00		1,265,393.40		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,413.09		144.57	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,809,632.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,809,632.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,969,953.07
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		31,774
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		156.42
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		156.42
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	156.42	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	156.42	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		21,156,062.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		665.83
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		688.02
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$156.42
AU	Medicaid Trend Adjustment IP% : 29.426 OP% : 24.150		\$37.77
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU * 70\%} \right]$		7.86
AW	Buy Back of Medicaid Trend Adjustment		37.77
AX	Buy Back of Exemption Tier Adjustment		7.86
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		156.42



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100218 - 2013/07

Outpatient Rate: 89.40

County Billing ONLY

North Broward Medical Center

Type of Control: Government (4)

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	78,114,155	50,956,719	7,133,489	4,809,632	Total Bed Days	125,172
2. Routine	54,888,217		6,223,629		Total Inpatient Days	76,015
3. Special Care	11,627,651		1,368,547		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	9,097
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	19,740
7. Malpractice					Prospective Inflation factor	1.0333333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims	31,774
9. Total Cost	144,630,023	50,956,719	14,725,665	4,809,632	Property Rate Allowance	0.80
10. Charges	\$556,835,820	\$263,512,015	\$52,271,659	21,156,062	First Semester in effect:	2013/07
11. Fixed Costs	13,479,893.00		1,265,393.40		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,413.09	144.57	County Ceiling Base	986.86	195.81	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	818.52	116.04	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,809,632.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			4,809,632.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			4,969,953.07
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			31,774
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			156.42
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			119.07
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			119.07
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county			213.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			200.92
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			200.92
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			119.07
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			119.07
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			21,156,062.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		665.83	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		688.02	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$119.07	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$29.67	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates		89.40	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

100269 - 2013/07

Outpatient Rate: 70.33

Calhoun Liberty Hospital

Type of Control: Government (4)

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

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Calhoun (7)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	969,434	3,963,757	74,220	557,416	Total Bed Days	5,475
2. Routine	1,573,514		121,217		Total Inpatient Days	1,805
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	157
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,206
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	0	0	0	0	Medicaid Paid Claims	8,038
9. Total Cost	2,542,948	3,963,757	195,437	557,416	Property Rate Allowance	1.00
10. Charges	\$6,505,427	\$16,111,925	\$496,114	1,943,171	First Semester in effect:	2013/07
11. Fixed Costs	373,105.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,487.34		85.80	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,424.72	165.96	FPLI	0.8402

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	557,416.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		557,416.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		579,455.97
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		8,038
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		72.09
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		72.09
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8402) for Calhoun county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		72.09
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		72.09
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		1,943,171.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	241.75	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	251.31	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$72.09	
AU	Medicaid Trend Adjustment IP% : 10.440 OP% : 8.223	\$5.93	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	4.17	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	70.33	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100277 - 2013/07

Outpatient Rate: 58.23

Charlotte Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Charlotte (8)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	30,034,356	17,761,537	1,759,367	1,191,748	Total Bed Days	76,128
2. Routine	26,683,710		2,016,760		Total Inpatient Days	42,046
3. Special Care	4,504,913		1,123,694		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,677
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	25,307
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-1,142,952	-331,584	-91,473	-22,248	Medicaid Paid Claims	15,567
9. Total Cost	60,080,027	17,429,953	4,808,348	1,169,500	Property Rate Allowance	0.80
10. Charges	\$362,797,330	\$164,978,106	\$24,748,933	12,132,303	First Semester in effect:	2013/07
11. Fixed Costs	8,599,542.00		586,634.66		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,246.43		81.55	County Ceiling Base	958.20	180.57
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	949.13	77.78	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,612.43	187.82	FPLI	0.9509

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,169,499.65
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,169,499.65
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,207,281.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,567
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		77.55
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		79.81
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		77.55
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9509) for Charlotte county		187.82
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.28
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	185.28	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	77.55	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	77.55	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		12,132,303.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		779.36
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		804.54
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$77.55
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$19.32
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		58.23



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100285 - 2013/07

Outpatient Rate: 65.83

Peace River Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Charlotte (8)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	31,550,325	25,777,124	3,376,302	2,659,054	Total Bed Days	71,540
2. Routine	26,858,980		2,147,642		Total Inpatient Days	39,183
3. Special Care	4,059,211		1,613,471		Total Newborn Days	3,362
4. Newborn Routine	1,231,133		837,477		Medicaid Inpatient Days	4,227
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	20,760
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-858,242	-347,302	-107,448	-35,826	Medicaid Paid Claims	31,104
9. Total Cost	62,841,407	25,429,822	7,867,444	2,623,228	Property Rate Allowance	0.80
10. Charges	\$360,513,119	\$177,270,606	\$45,811,521	25,438,785	First Semester in effect:	2013/07
11. Fixed Costs	11,310,632.00		1,437,277.11		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,663.01		92.20	County Ceiling Base	958.20	177.56
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	749.57	86.61	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,612.43	187.82	FPLI	0.9509

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,623,227.87
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,623,227.87
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,726,949.09
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		31,104
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		87.67
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		88.87
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		87.67
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9509) for Charlotte county		187.82
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		182.19
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	182.19	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	87.67	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	87.67	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		25,438,785.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		817.86
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		850.20
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$87.67
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$21.84
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		65.83



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100315 - 2013/07

Outpatient Rate: 92.18

Naples Community Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Collier (11)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	140,605,278	93,457,114	10,715,962	4,472,659	Total Bed Days 250,344
2. Routine	105,173,107		8,471,798		Total Inpatient Days 134,484
3. Special Care	14,356,944		1,232,486		Total Newborn Days 9,646
4. Newborn Routine	6,528,795		3,027,643		Medicaid Inpatient Days 12,709
5. Intern-Resident	0		0		Medicaid Newborn IP Days 1,058
6. Home Health					Medicare Inpatient Days 73,889
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-4,003,289	-1,403,023	-352,011	-67,146	Medicaid Paid Claims 49,337
9. Total Cost	262,660,835	92,054,091	23,095,878	4,405,513	Property Rate Allowance 0.80
10. Charges	\$991,058,458	\$515,249,378	\$77,313,196	24,150,103	First Semester in effect: 2013/07
11. Fixed Costs	26,375,829.00		2,057,597.73		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,576.44		92.12	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,696.88	197.66	FPLI	1.0007

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,405,513.31	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			4,405,513.31
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			4,547,838.54
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			49,337
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			92.18
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			92.18
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0007) for Collier county			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			92.18
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			92.18
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			24,150,103.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		489.49	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		505.30	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$92.18	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$22.97	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		22.97	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		92.18	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100315 - 2013/07

Outpatient Rate: 69.21

County Billing ONLY

Naples Community Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Collier (11)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	140,605,278	93,457,114	10,715,962	4,472,659	Total Bed Days 250,344
2. Routine	105,173,107		8,471,798		Total Inpatient Days 134,484
3. Special Care	14,356,944		1,232,486		Total Newborn Days 9,646
4. Newborn Routine	6,528,795		3,027,643		Medicaid Inpatient Days 12,709
5. Intern-Resident	0		0		Medicaid Newborn IP Days 1,058
6. Home Health					Medicare Inpatient Days 73,889
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-4,003,289	-1,403,023	-352,011	-67,146	Medicaid Paid Claims 49,337
9. Total Cost	262,660,835	92,054,091	23,095,878	4,405,513	Property Rate Allowance 0.80
10. Charges	\$991,058,458	\$515,249,378	\$77,313,196	24,150,103	First Semester in effect: 2013/07
11. Fixed Costs	26,375,829.00		2,057,597.73		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,576.44	92.12	County Ceiling Base	1,016.62	181.01	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,078.11	103.00	Cost Report DRI Index 2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,696.88	197.66	FPLI 1.0007

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,405,513.31
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,405,513.31
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,547,838.54
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		49,337
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		92.18
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		105.69
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		92.18
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0007) for Collier county		197.66
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.73
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	185.73	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	92.18	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	92.18	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		24,150,103.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		489.49
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		505.30
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$92.18
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$22.97
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		69.21



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100331 - 2013/07

Outpatient Rate: 112.11

Shands At Lake Shore

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: Rural Hospital

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Columbia (12)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,930,367	14,671,325	4,325,928	4,085,004	Total Bed Days	36,234
2. Routine	10,672,903		3,178,283		Total Inpatient Days	17,740
3. Special Care	3,251,215		570,043		Total Newborn Days	1,786
4. Newborn Routine	522,990		412,890		Medicaid Inpatient Days	5,082
5. Intern-Resident	0		0		Medicaid Newborn IP Days	88
6. Home Health					Medicare Inpatient Days	6,769
7. Malpractice					Prospective Inflation factor	1.033333333
8. Adjustments	-300,456	-161,011	-93,143	-44,831	Medicaid Paid Claims	37,214
9. Total Cost	27,077,019	14,510,314	8,394,001	4,040,173	Property Rate Allowance	1.00
10. Charges	\$110,215,997	\$87,777,726	\$31,761,216	25,107,475	First Semester in effect:	2013/07
11. Fixed Costs	3,709,508.00		1,068,978.08		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,619.18		124.07	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,533.24	178.60	FPLI	0.9042

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,040,172.89
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,040,172.89
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,174,845.32
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		37,214
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.18
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		112.18
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9042) for Columbia county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	112.18	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	112.18	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		25,107,475.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		674.68
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		697.17
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$112.18
AU	Medicaid Trend Adjustment IP% : 10.440 OP% : 8.223		\$9.22
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		9.15
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		112.11



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100358 - 2013/07

Outpatient Rate: 158.05

Baptist Of Miami

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	242,258,954	226,120,096	31,851,224	15,424,382	Total Bed Days 248,880
2. Routine	197,772,944		22,328,986		Total Inpatient Days 174,739
3. Special Care	43,785,907		9,908,121		Total Newborn Days 9,641
4. Newborn Routine	7,204,831		2,732,165		Medicaid Inpatient Days 25,483
5. Intern-Resident	4,042,086		490,006		Medicaid Newborn IP Days 545
6. Home Health					Medicare Inpatient Days 44,402
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-7,631,290	-3,485,580	-1,037,573	-237,763	Medicaid Paid Claims 69,578
9. Total Cost	487,433,432	222,634,516	66,272,929	15,186,619	Property Rate Allowance 0.80
10. Charges	\$2,135,550,823	\$1,182,203,584	\$254,917,409	71,874,275	First Semester in effect: 2013/07
11. Fixed Costs	50,608,690.00		6,041,081.29		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,982.97		187.03	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	15,186,619.30
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		15,186,619.30
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		15,677,240.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		69,578
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		225.32
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		225.32
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	225.32	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	225.32	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		71,874,275.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,033.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,066.37
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$225.32
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$56.14
AV	Exemption Tier Adj (AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66%)		11.13
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		158.05



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100358 - 2013/07

Outpatient Rate: 136.28

County Billing ONLY

Baptist Of Miami

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	242,258,954	226,120,096	31,851,224	15,424,382	Total Bed Days 248,880
2. Routine	197,772,944		22,328,986		Total Inpatient Days 174,739
3. Special Care	43,785,907		9,908,121		Total Newborn Days 9,641
4. Newborn Routine	7,204,831		2,732,165		Medicaid Inpatient Days 25,483
5. Intern-Resident	4,042,086		490,006		Medicaid Newborn IP Days 545
6. Home Health					Medicare Inpatient Days 44,402
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-7,631,290	-3,485,580	-1,037,573	-237,763	Medicaid Paid Claims 69,578
9. Total Cost	487,433,432	222,634,516	66,272,929	15,186,619	Property Rate Allowance 0.80
10. Charges	\$2,135,550,823	\$1,182,203,584	\$254,917,409	71,874,275	First Semester in effect: 2013/07
11. Fixed Costs	50,608,690.00		6,041,081.29		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,982.97	187.03	County Ceiling Base	1,023.01	217.38	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,093.35	176.88	Cost Report DRI Index 2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI 1.2047

Rate Calculations		
Rates are based on Medicaid Costs		
		Inpatient Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	15,186,619.30
AD	Total Medicaid Variable Operating Cost = (AA-AB)	15,186,619.30
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	15,677,240.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	69,578
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	225.32
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	181.50
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	181.50
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	237.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	223.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	223.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	181.50
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	181.50
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	71,874,275.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,033.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,066.37
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$181.50
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$45.22
AV	Exemption Tier Adj	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00
AY	Final Prospective Rates	136.28



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100366 - 2013/07

Outpatient Rate: 204.73

Cedars Medical Center, Inc.

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

Fiscal Year : 6/1/2011-5/31/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	144,598,352	60,284,748	14,841,950	4,729,578	Total Bed Days 188,124
2. Routine	78,543,804		11,087,946		Total Inpatient Days 123,192
3. Special Care	23,855,463		2,752,609		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 17,781
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 55,041
7. Malpractice					Prospective Inflation factor 1.0338476854
8. Adjustments	-3,370,693	-822,686	-391,420	-64,543	Medicaid Paid Claims 23,558
9. Total Cost	243,626,926	59,462,062	28,291,085	4,665,035	Property Rate Allowance 0.80
10. Charges	\$1,442,836,790	\$429,112,770	\$158,734,139	34,228,846	First Semester in effect: 2013/07
11. Fixed Costs	34,457,610.00		3,790,864.70		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,182.48		169.94	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,665,035.04
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,665,035.04
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,822,935.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		23,558
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		204.73
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		204.73
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	204.73	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	204.73	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		34,228,846.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,452.96
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,502.14
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$204.73
AU	Medicaid Trend Adjustment IP% : 27.087 OP% : 24.915		\$51.01
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$		13.67
AW	Buy Back of Medicaid Trend Adjustment		51.01
AX	Buy Back of Exemption Tier Adjustment		13.67
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		204.73



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100366 - 2013/07

Outpatient Rate: 113.31

County Billing ONLY

Cedars Medical Center, Inc.

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

Fiscal Year : 6/1/2011-5/31/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	144,598,352	60,284,748	14,841,950	4,729,578	Total Bed Days 188,124
2. Routine	78,543,804		11,087,946		Total Inpatient Days 123,192
3. Special Care	23,855,463		2,752,609		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 17,781
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 55,041
7. Malpractice					Prospective Inflation factor 1.0338476854
8. Adjustments	-3,370,693	-822,686	-391,420	-64,543	Medicaid Paid Claims 23,558
9. Total Cost	243,626,926	59,462,062	28,291,085	4,665,035	Property Rate Allowance 0.80
10. Charges	\$1,442,836,790	\$429,112,770	\$158,734,139	34,228,846	First Semester in effect: 2013/07
11. Fixed Costs	34,457,610.00		3,790,864.70		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,182.48	169.94	County Ceiling Base	1,023.01	217.38	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	784.47	147.07	Cost Report DRI Index 2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI 1.2047

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,665,035.04
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,665,035.04
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,822,935.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		23,558
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		204.73
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		150.91
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		150.91
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		237.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	223.05	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	150.91	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	150.91	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		34,228,846.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,452.96
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,502.14
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$150.91
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$37.60
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		113.31



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

100412 - 2013/07

Outpatient Rate: 78.87

Hialeah Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2011-5/31/2012
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	40,622,713	17,793,446	10,355,702	3,649,345	Total Bed Days 125,172
2. Routine	28,171,268		5,564,118		Total Inpatient Days 54,750
3. Special Care	13,485,473		3,105,156		Total Newborn Days 2,888
4. Newborn Routine	1,050,364		814,688		Medicaid Inpatient Days 11,298
5. Intern-Resident	0		0		Medicaid Newborn IP Days 42
6. Home Health					Medicare Inpatient Days 18,214
7. Malpractice					Prospective Inflation factor 1.0338476854
8. Adjustments	-1,244,253	-265,686	-296,239	-54,491	Medicaid Paid Claims 33,394
9. Total Cost	82,085,565	17,527,760	19,543,425	3,594,854	Property Rate Allowance 0.80
10. Charges	\$603,899,092	\$176,158,040	\$118,165,785	33,590,908	First Semester in effect: 2013/07
11. Fixed Costs	7,450,726.00		1,457,894.04		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,368.66		92.38	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,594,854.19
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,594,854.19
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,716,531.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		33,394
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		111.29
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		111.29
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	111.29	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	111.29	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		33,590,908.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,005.90
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,039.95
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$111.29
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$27.73
AV	Exemption Tier Adj((AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66%)		4.69
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		78.87



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100412 - 2013/07

Outpatient Rate: 69.70

County Billing ONLY

Hialeah Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2011-5/31/2012
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,622,713	17,793,446	10,355,702	3,649,345	Total Bed Days	125,172
2. Routine	28,171,268		5,564,118		Total Inpatient Days	54,750
3. Special Care	13,485,473		3,105,156		Total Newborn Days	2,888
4. Newborn Routine	1,050,364		814,688		Medicaid Inpatient Days	11,298
5. Intern-Resident	0		0		Medicaid Newborn IP Days	42
6. Home Health					Medicare Inpatient Days	18,214
7. Malpractice					Prospective Inflation factor	1.0338476854
8. Adjustments	-1,244,253	-265,686	-296,239	-54,491	Medicaid Paid Claims	33,394
9. Total Cost	82,085,565	17,527,760	19,543,425	3,594,854	Property Rate Allowance	0.80
10. Charges	\$603,899,092	\$176,158,040	\$118,165,785	33,590,908	First Semester in effect:	2013/07
11. Fixed Costs	7,450,726.00		1,457,894.04		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,368.66	92.38	County Ceiling Base	1,023.01	217.38	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	778.99	90.47	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,594,854.19
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,594,854.19
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,716,531.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		33,394
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		111.29
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		92.83
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		92.83
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		237.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	223.05	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	92.83	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	92.83	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		33,590,908.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,005.90
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,039.95
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$92.83
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$23.13
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		69.70



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100421 - 2013/07

Outpatient Rate: 291.08

Jackson Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Specialized/Statutory Teaching

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	489,758,869	382,038,656	171,415,907	48,834,438	Total Bed Days	628,460
2. Routine	335,102,388		95,592,850		Total Inpatient Days	409,139
3. Special Care	132,897,931		30,676,527		Total Newborn Days	22,304
4. Newborn Routine	39,081,558		28,631,003		Medicaid Inpatient Days	117,223
5. Intern-Resident	0		0		Medicaid Newborn IP Days	10,891
6. Home Health					Medicare Inpatient Days	65,070
7. Malpractice					Prospective Inflation factor	1.0532454361
8. Adjustments	0	0	0	0	Medicaid Paid Claims	176,703
9. Total Cost	996,840,746	382,038,656	326,316,287	48,834,438	Property Rate Allowance	0.80
10. Charges	\$2,972,930,123	\$1,134,477,789	\$881,517,141	135,866,316	First Semester in effect:	2012/07
11. Fixed Costs	95,132,868.00		28,208,282.85		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,034.36		241.62	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	48,834,438.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		48,834,438.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		51,434,648.95
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		176,703
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		291.08
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		291.08
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	291.08	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	291.08	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		135,866,316.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		768.90
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		809.84
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$291.08
AU	Medicaid Trend Adjustment IP% : 26.015 OP% : 24.149		\$70.29
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 70\%)$		15.28
AW	Buy Back of Medicaid Trend Adjustment		70.29
AX	Buy Back of Exemption Tier Adjustment		15.28
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		291.08



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100421 - 2013/07

Outpatient Rate: 164.01

County Billing ONLY

Jackson Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Specialized/Statutory Teaching

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	489,758,869	382,038,656	171,415,907	48,834,438	Total Bed Days	628,460
2. Routine	335,102,388		95,592,850		Total Inpatient Days	409,139
3. Special Care	132,897,931		30,676,527		Total Newborn Days	22,304
4. Newborn Routine	39,081,558		28,631,003		Medicaid Inpatient Days	117,223
5. Intern-Resident	0		0		Medicaid Newborn IP Days	10,891
6. Home Health					Medicare Inpatient Days	65,070
7. Malpractice					Prospective Inflation factor	1.0532454361
8. Adjustments	0	0	0	0	Medicaid Paid Claims	176,703
9. Total Cost	996,840,746	382,038,656	326,316,287	48,834,438	Property Rate Allowance	0.80
10. Charges	\$2,972,930,123	\$1,134,477,789	\$881,517,141	135,866,316	First Semester in effect:	2012/07
11. Fixed Costs	95,132,868.00		28,208,282.85		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,034.36	241.62	County Ceiling Base	Exempt	217.38	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,373.50	212.88	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	48,834,438.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		48,834,438.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		51,434,648.95
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		176,703
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		291.08
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		218.43
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		218.43
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		237.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	223.05	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	218.43	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	218.43	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	135,866,316.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	768.90	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	809.84	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$218.43	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$54.42	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	164.01	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100439 - 2013/07

Outpatient Rate: 130.28

Mercy Hospital, Inc.

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

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	83,958,408	67,329,505	5,871,828	2,695,356	Total Bed Days	125,195
2. Routine	43,808,675		4,015,632		Total Inpatient Days	72,132
3. Special Care	14,708,642		0		Total Newborn Days	4,531
4. Newborn Routine	2,081,844		568,364		Medicaid Inpatient Days	6,202
5. Intern-Resident	0		0		Medicaid Newborn IP Days	440
6. Home Health					Medicare Inpatient Days	28,176
7. Malpractice					Prospective Inflation factor	1.0977801268
8. Adjustments	-2,101,118	-978,622	-151,974	-39,177	Medicaid Paid Claims	15,075
9. Total Cost	142,456,451	66,350,883	10,303,851	2,656,179	Property Rate Allowance	0.80
10. Charges	\$683,195,729	\$408,257,411	\$50,073,323	15,318,285	First Semester in effect:	2012/07
11. Fixed Costs	17,307,928.00		1,268,546.38		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,239.59		160.56	County Ceiling Base	1,023.01	217.38
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	938.87	169.10	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,656,179.49
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,656,179.49
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,915,901.06
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,075
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		193.43
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		173.51
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		173.51
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		237.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	223.05	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	173.51	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	173.51	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,318,285.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,016.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,115.50
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$173.51
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$43.23
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		130.28



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100463 - 2013/07

Outpatient Rate: 193.65

Mt. Sinai Medical Center

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

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

Hospital Classification: Specialized/Statutory Teaching

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	145,421,987	99,606,219	8,172,858	6,641,280	Total Bed Days 236,608
2. Routine	89,474,683		4,485,827		Total Inpatient Days 144,086
3. Special Care	24,344,176		1,494,380		Total Newborn Days 5,631
4. Newborn Routine	5,682,780		4,770,488		Medicaid Inpatient Days 7,908
5. Intern-Resident	0		0		Medicaid Newborn IP Days 1,706
6. Home Health					Medicare Inpatient Days 65,186
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	0	0	0	0	Medicaid Paid Claims 35,651
9. Total Cost	264,923,626	99,606,219	18,923,553	6,641,280	Property Rate Allowance 0.80
10. Charges	\$1,329,981,144	\$718,651,620	\$76,990,151	49,639,763	First Semester in effect: 2013/07
11. Fixed Costs	26,805,180.00		1,551,702.34		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,559.21		160.75	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	6,641,280.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,641,280.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,903,873.15	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			35,651
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			193.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			193.65
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		193.65	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		193.65	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		49,639,763.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,392.38	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,447.43	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$193.65	
AU	Medicaid Trend Adjustment IP% : 29.426 OP% : 24.149		\$46.77	
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 70\%)$		1.04	
AW	Buy Back of Medicaid Trend Adjustment		46.77	
AX	Buy Back of Exemption Tier Adjustment		1.04	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		193.65	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100463 - 2013/07

Outpatient Rate: 141.87

County Billing ONLY

Mt. Sinai Medical Center

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

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

Hospital Classification: Specialized/Statutory Teaching

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	145,421,987	99,606,219	8,172,858	6,641,280	Total Bed Days	236,608
2. Routine	89,474,683		4,485,827		Total Inpatient Days	144,086
3. Special Care	24,344,176		1,494,380		Total Newborn Days	5,631
4. Newborn Routine	5,682,780		4,770,488		Medicaid Inpatient Days	7,908
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,706
6. Home Health					Medicare Inpatient Days	65,186
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	0	0	0	0	Medicaid Paid Claims	35,651
9. Total Cost	264,923,626	99,606,219	18,923,553	6,641,280	Property Rate Allowance	0.80
10. Charges	\$1,329,981,144	\$718,651,620	\$76,990,151	49,639,763	First Semester in effect:	2013/07
11. Fixed Costs	26,805,180.00		1,551,702.34		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,559.21	160.75	County Ceiling Base	Exempt	217.38	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,137.60	184.15	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	6,641,280.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,641,280.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,903,873.15
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		35,651
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		193.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		188.95
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		188.95
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		237.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	223.05	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	188.95	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	188.95	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		49,639,763.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,392.38
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,447.43
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$188.95
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$47.08
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		141.87



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100471 - 2013/07

Outpatient Rate: 356.57

University Of Miami Hospital and Clinics

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

Fiscal Year : 6/1/2011-5/31/2012

Hospital Classification: Statutory Teaching Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	16,552,009	206,285,952	1,598,191	13,279,047	Total Bed Days 14,640
2. Routine	9,899,322		982,471		Total Inpatient Days 8,163
3. Special Care	6,943,754		792,627		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 864
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 1,742
7. Malpractice					Prospective Inflation factor 1.0338476854
8. Adjustments	-405,725	-2,506,216	-40,983	-161,330	Medicaid Paid Claims 38,034
9. Total Cost	32,989,360	203,779,736	3,332,306	13,117,717	Property Rate Allowance 0.80
10. Charges	\$113,330,001	\$1,127,922,709	\$10,976,692	77,500,440	First Semester in effect: 2013/07
11. Fixed Costs	17,881,127.00		1,731,894.66		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,589.63		295.98	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	13,117,716.75
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		13,117,716.75
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		13,561,721.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		38,034
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		356.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		356.57
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	356.57	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	356.57	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		77,500,440.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,037.66
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,106.63
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$356.57
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$88.84
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU} * 66\% \right]$		50.39
AW	Buy Back of Medicaid Trend Adjustment		88.84
AX	Buy Back of Exemption Tier Adjustment		50.39
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		356.57



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100471 - 2013/07

Outpatient Rate: 118.73

County Billing ONLY

University Of Miami Hospital and Clinics

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

Fiscal Year : 6/1/2011-5/31/2012

Hospital Classification: Statutory Teaching Hospital

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,552,009	206,285,952	1,598,191	13,279,047	Total Bed Days	14,640
2. Routine	9,899,322		982,471		Total Inpatient Days	8,163
3. Special Care	6,943,754		792,627		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	864
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,742
7. Malpractice					Prospective Inflation factor	1.0338476854
8. Adjustments	-405,725	-2,506,216	-40,983	-161,330	Medicaid Paid Claims	38,034
9. Total Cost	32,989,360	203,779,736	3,332,306	13,117,717	Property Rate Allowance	0.80
10. Charges	\$113,330,001	\$1,127,922,709	\$10,976,692	77,500,440	First Semester in effect:	2013/07
11. Fixed Costs	17,881,127.00		1,731,894.66		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,589.63	295.98	County Ceiling Base	Exempt	217.38	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	754.81	154.11	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	13,117,716.75
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		13,117,716.75
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		13,561,721.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		38,034
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		356.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		158.13
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		158.13
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		237.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	223.05	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	158.13	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	158.13	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		77,500,440.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,037.66
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,106.63
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$158.13
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$39.40
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		118.73



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100498 - 2013/07

Outpatient Rate: 67.26

Northshore Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2011-5/31/2012

Hospital Classification: Special

Type of Action: Amended Cost Report [2]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	87,574,935	64,090,322	15,149,510	5,773,494	Total Bed Days	283,650
2. Routine	65,812,530		9,819,938		Total Inpatient Days	125,303
3. Special Care	32,595,990		7,043,628		Total Newborn Days	3,882
4. Newborn Routine	1,179,084		701,920		Medicaid Inpatient Days	22,034
5. Intern-Resident	0		0		Medicaid Newborn IP Days	74
6. Home Health					Medicare Inpatient Days	43,635
7. Malpractice					Prospective Inflation factor	1.0338476854
8. Adjustments	-1,359,339	-465,480	-237,605	-41,932	Medicaid Paid Claims	55,498
9. Total Cost	185,803,200	63,624,842	32,477,391	5,731,562	Property Rate Allowance	0.80
10. Charges	\$1,223,305,695	\$574,014,244	\$190,726,297	58,139,953	First Semester in effect:	2013/07
11. Fixed Costs	16,378,592.00		2,553,595.73		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,161.57		88.63	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	5,731,561.81
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,731,561.81
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,925,561.91
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		55,498
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		106.77
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.77
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	106.77	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	106.77	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		58,139,953.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,047.60
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,083.06
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$106.77
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$26.60
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU} * 66\% \right]$		12.91
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		67.26



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100498 - 2013/07

Outpatient Rate: 42.01

County Billing ONLY

Northshore Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2011-5/31/2012
 Hospital Classification: Special

Type of Action: Amended Cost Report [2]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	87,574,935	64,090,322	15,149,510	5,773,494	Total Bed Days	283,650
2. Routine	65,812,530		9,819,938		Total Inpatient Days	125,303
3. Special Care	32,595,990		7,043,628		Total Newborn Days	3,882
4. Newborn Routine	1,179,084		701,920		Medicaid Inpatient Days	22,034
5. Intern-Resident	0		0		Medicaid Newborn IP Days	74
6. Home Health					Medicare Inpatient Days	43,635
7. Malpractice					Prospective Inflation factor	1.0338476854
8. Adjustments	-1,359,339	-465,480	-237,605	-41,932	Medicaid Paid Claims	55,498
9. Total Cost	185,803,200	63,624,842	32,477,391	5,731,562	Property Rate Allowance	0.80
10. Charges	\$1,223,305,695	\$574,014,244	\$190,726,297	58,139,953	First Semester in effect:	2013/07
11. Fixed Costs	16,378,592.00		2,553,595.73		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,161.57	88.63	County Ceiling Base	1,023.01	217.38	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	792.76	54.53	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	5,731,561.81
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,731,561.81
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,925,561.91
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		55,498
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		106.77
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		55.95
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		55.95
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		237.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	223.05	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	55.95	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	55.95	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		58,139,953.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,047.60
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,083.06
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$55.95
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$13.94
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		42.01



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100536 - 2013/07

Outpatient Rate: 37.82

Palm Springs General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,711,585	12,385,912	1,355,709	914,904	Total Bed Days	90,155
2. Routine	20,553,067		1,159,983		Total Inpatient Days	33,036
3. Special Care	4,082,250		312,235		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,044
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	19,710
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-429,333	-131,799	-30,092	-9,736	Medicaid Paid Claims	10,600
9. Total Cost	39,917,569	12,254,113	2,797,835	905,168	Property Rate Allowance	0.80
10. Charges	\$155,616,768	\$87,701,921	\$10,353,215	4,653,383	First Semester in effect:	2013/07
11. Fixed Costs	2,377,097.00		158,148.74		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,114.38		73.69	County Ceiling Base	1,023.01	217.38
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	745.02	49.09	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	905,168.47
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		905,168.47
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		940,958.41
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		10,600
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		88.77
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		50.37
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		50.37
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		237.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	223.05	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	50.37	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	50.37	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		4,653,383.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		439.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		456.36
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$50.37
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$12.55
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		37.82



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100544 - 2013/07

Outpatient Rate: 95.77

Metropolitan Hospital Miami

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,167,237	11,111,085	1,317,049	1,412,040	Total Bed Days	53,290
2. Routine	10,270,264		1,016,537		Total Inpatient Days	23,673
3. Special Care	3,741,911		416,545		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,499
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,528
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-405,481	-154,401	-38,216	-19,622	Medicaid Paid Claims	11,348
9. Total Cost	28,773,931	10,956,684	2,711,915	1,392,418	Property Rate Allowance	0.80
10. Charges	\$150,506,478	\$65,132,096	\$12,920,458	7,062,522	First Semester in effect:	2013/07
11. Fixed Costs	4,296,469.00		368,836.93		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	809.06		105.88	County Ceiling Base	1,023.01	217.38
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	898.54	125.25	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,392,418.11
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,392,418.11
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,447,473.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,348
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		127.55
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		128.52
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		127.55
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		237.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	223.05	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	127.55	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	127.55	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		7,062,522.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		622.36
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		646.97
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$127.55
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$31.78
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		95.77



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100587 - 2013/07

Outpatient Rate: 105.16

South Miami Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	130,632,619	153,225,736	20,907,448	10,809,870	Total Bed Days	170,922
2. Routine	70,885,708		8,159,439		Total Inpatient Days	74,523
3. Special Care	34,783,209		11,906,296		Total Newborn Days	8,639
4. Newborn Routine	5,459,580		2,223,270		Medicaid Inpatient Days	14,989
5. Intern-Resident	2,520,415		285,022		Medicaid Newborn IP Days	253
6. Home Health					Medicare Inpatient Days	15,771
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-3,531,573	-2,215,182	-628,611	-156,278	Medicaid Paid Claims	25,958
9. Total Cost	240,749,958	151,010,554	42,852,864	10,653,592	Property Rate Allowance	0.80
10. Charges	\$918,841,991	\$675,108,982	\$135,700,593	34,061,135	First Semester in effect:	2013/07
11. Fixed Costs	31,800,712.00		4,696,537.07		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,145.13		351.69	County Ceiling Base	1,023.01	217.38
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,016.22	136.50	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	10,653,591.92
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		10,653,591.92
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		10,997,768.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		25,958
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		423.68
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		140.06
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		140.06
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		237.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		223.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		140.06
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		140.06
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	34,061,135.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,312.16	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,354.55	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$140.06	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$34.90	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	105.16	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100609 - 2013/07

Outpatient Rate: 186.60

Miami Childrens Hospital

Type of Control: Proprietary(1)

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

Hospital Classification: Specialized: Children's

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	97,285,213	104,168,095	41,198,774	45,096,160	Total Bed Days	116,800
2. Routine	62,072,369		27,210,899		Total Inpatient Days	67,683
3. Special Care	57,162,287		29,691,798		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	32,794
5. Intern-Resident	389,910		158,675		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	496
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-3,446,471	-1,655,123	-1,561,252	-716,531	Medicaid Paid Claims	242,425
9. Total Cost	213,463,308	102,512,972	96,698,894	44,379,629	Property Rate Allowance	0.80
10. Charges	\$805,497,483	\$599,448,332	\$389,705,106	171,337,159	First Semester in effect:	2012/07
11. Fixed Costs	31,404,510.00		15,193,713.40		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,144.63		157.96	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	44,379,628.85
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		44,379,628.85
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		46,134,378.94
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		242,425
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		190.30
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		190.30
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	190.30	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	190.30	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		171,337,159.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		706.76
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		734.70
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$190.30
AU	Medicaid Trend Adjustment IP% : 10.671 OP% : 6.842		\$13.02
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU * 88\%} \right]$		3.66
AW	Buy Back of Medicaid Trend Adjustment		12.98
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		186.60



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100609 - 2013/07

Outpatient Rate: 138.26

County Billing ONLY

Miami Childrens Hospital

Type of Control: Proprietary(1)

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

Hospital Classification: Specialized: Children's

Type of Action: Amended Cost Report [2]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	97,285,213	104,168,095	41,198,774	45,096,160	Total Bed Days	116,800
2. Routine	62,072,369		27,210,899		Total Inpatient Days	67,683
3. Special Care	57,162,287		29,691,798		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	32,794
5. Intern-Resident	389,910		158,675		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	496
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-3,446,471	-1,655,123	-1,561,252	-716,531	Medicaid Paid Claims	242,425
9. Total Cost	213,463,308	102,512,972	96,698,894	44,379,629	Property Rate Allowance	0.80
10. Charges	\$805,497,483	\$599,448,332	\$389,705,106	171,337,159	First Semester in effect:	2012/07
11. Fixed Costs	31,404,510.00		15,193,713.40		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,144.63	157.96	County Ceiling Base	Exempt	217.38	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,641.13	146.12	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	44,379,628.85
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		44,379,628.85
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		46,134,378.94
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		242,425
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		190.30
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		149.93
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		149.93
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		237.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		223.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		149.93
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		149.93
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		171,337,159.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	706.76	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	734.70	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$149.93	
AU	Medicaid Trend Adjustment IP% : 11.978 OP% : 7.782	\$11.67	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	138.26	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100625 - 2013/07

Outpatient Rate: 117.77

Westchester General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	17,422,119	6,670,963	2,394,667	589,065	Total Bed Days 71,905
2. Routine	30,318,075		2,879,933		Total Inpatient Days 54,545
3. Special Care	2,325,967		169,903		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 5,024
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 29,472
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	0	0	0	0	Medicaid Paid Claims 3,754
9. Total Cost	50,066,161	6,670,963	5,444,503	589,065	Property Rate Allowance 0.80
10. Charges	\$138,027,974	\$25,121,079	\$16,084,406	2,041,298	First Semester in effect: 2013/07
11. Fixed Costs	3,447,997.00		401,795.25		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	866.12		135.40	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	589,065.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		589,065.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		612,356.36	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			3,754
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			163.12
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			163.12
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		163.12	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		163.12	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		2,041,298.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		543.77	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		565.27	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$163.12	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$40.64	
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$		4.71	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		117.77	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100625 - 2013/07

Outpatient Rate: 108.57

County Billing ONLY

Westchester General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	17,422,119	6,670,963	2,394,667	589,065	Total Bed Days 71,905
2. Routine	30,318,075		2,879,933		Total Inpatient Days 54,545
3. Special Care	2,325,967		169,903		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 5,024
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 29,472
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	0	0	0	0	Medicaid Paid Claims 3,754
9. Total Cost	50,066,161	6,670,963	5,444,503	589,065	Property Rate Allowance 0.80
10. Charges	\$138,027,974	\$25,121,079	\$16,084,406	2,041,298	First Semester in effect: 2013/07
11. Fixed Costs	3,447,997.00		401,795.25		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	866.12	135.40	County Ceiling Base	1,023.01	217.38	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	413.00	140.91	Cost Report DRI Index 1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI 1.2047

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	589,065.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		589,065.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		612,356.36
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,754
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		163.12
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		144.59
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		144.59
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		237.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		223.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		144.59
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		144.59
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		2,041,298.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	543.77	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	565.27	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$144.59	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$36.02	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	108.57	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100641 - 2013/07

Outpatient Rate: 90.04

Baptist Medical Center

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Special

Type of Action: Amended Cost Report [2]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	214,978,419	213,637,101	24,815,323	21,405,761	Total Bed Days 301,950
2. Routine	145,865,837		13,518,229		Total Inpatient Days 181,001
3. Special Care	26,733,807		3,623,991		Total Newborn Days 25,954
4. Newborn Routine	24,822,893		9,769,695		Medicaid Inpatient Days 21,032
5. Intern-Resident	0		0		Medicaid Newborn IP Days 7,311
6. Home Health					Medicare Inpatient Days 61,612
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-6,116,570	-3,168,582	-767,198	-317,482	Medicaid Paid Claims 181,540
9. Total Cost	406,284,386	210,468,519	50,960,040	21,088,279	Property Rate Allowance 0.80
10. Charges	\$1,519,988,343	\$1,268,237,310	\$196,748,121	111,771,188	First Semester in effect: 2013/07
11. Fixed Costs	48,845,338.00		6,322,567.22		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,640.54		121.01	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,680.43	195.74	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	21,088,279.11
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		21,088,279.11
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		21,769,560.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		181,540
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		119.92
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		119.92
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		119.92
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		111,771,188.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	615.68	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	635.57	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$119.92	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$29.88	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	90.04	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100641 - 2013/07

Outpatient Rate: 90.04

County Billing ONLY

Baptist Medical Center

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Special

Type of Action: Amended Cost Report [2]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	214,978,419	213,637,101	24,815,323	21,405,761	Total Bed Days	301,950
2. Routine	145,865,837		13,518,229		Total Inpatient Days	181,001
3. Special Care	26,733,807		3,623,991		Total Newborn Days	25,954
4. Newborn Routine	24,822,893		9,769,695		Medicaid Inpatient Days	21,032
5. Intern-Resident	0		0		Medicaid Newborn IP Days	7,311
6. Home Health					Medicare Inpatient Days	61,612
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-6,116,570	-3,168,582	-767,198	-317,482	Medicaid Paid Claims	181,540
9. Total Cost	406,284,386	210,468,519	50,960,040	21,088,279	Property Rate Allowance	0.80
10. Charges	\$1,519,988,343	\$1,268,237,310	\$196,748,121	111,771,188	First Semester in effect:	2013/07
11. Fixed Costs	48,845,338.00		6,322,567.22		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,640.54	121.01	County Ceiling Base	894.52	179.70	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	859.95	126.53	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,680.43	195.74	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	21,088,279.11
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		21,088,279.11
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		21,769,560.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		181,540
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		129.83
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		119.92
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county		195.74
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		184.39
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	184.39	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	119.92	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	119.92	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		111,771,188.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		615.68
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		635.57
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$119.92
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$29.88
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		90.04



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100676 - 2013/07

Outpatient Rate: 194.30

Shands Jacksonville

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

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: Specialized/Statutory Teaching

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	137,214,908	160,371,021	42,897,857	31,445,915	Total Bed Days 190,541
2. Routine	89,772,912		26,997,506		Total Inpatient Days 127,056
3. Special Care	42,176,127		10,530,229		Total Newborn Days 16,925
4. Newborn Routine	15,005,529		10,823,160		Medicaid Inpatient Days 40,257
5. Intern-Resident	0		0		Medicaid Newborn IP Days 5,969
6. Home Health					Medicare Inpatient Days 35,197
7. Malpractice					Prospective Inflation factor 1.033333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims 167,238
9. Total Cost	284,169,476	160,371,021	91,248,752	31,445,915	Property Rate Allowance 0.80
10. Charges	\$1,137,784,929	\$810,875,928	\$303,761,810	180,653,517	First Semester in effect: 2013/07
11. Fixed Costs	26,591,471.00		7,099,297.20		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,898.15		196.06	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,680.43	195.74	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	31,445,915.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			31,445,915.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			32,494,112.17
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			167,238
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			194.30
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			194.30
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			194.30
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			194.30
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			180,653,517.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,080.22	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,116.23	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$194.30	
AU	Medicaid Trend Adjustment IP% : 29.426 OP% : 22.571		\$43.85	
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 70\%)$		13.22	
AW	Buy Back of Medicaid Trend Adjustment		43.85	
AX	Buy Back of Exemption Tier Adjustment		13.22	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		194.30	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100676 - 2013/07

Outpatient Rate: 99.69

County Billing ONLY

Shands Jacksonville

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

Fiscal Year : 7/1/2011-6/30/2012

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Hospital Classification: Specialized/Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	137,214,908	160,371,021	42,897,857	31,445,915	Total Bed Days	190,541
2. Routine	89,772,912		26,997,506		Total Inpatient Days	127,056
3. Special Care	42,176,127		10,530,229		Total Newborn Days	16,925
4. Newborn Routine	15,005,529		10,823,160		Medicaid Inpatient Days	40,257
5. Intern-Resident	0		0		Medicaid Newborn IP Days	5,969
6. Home Health					Medicare Inpatient Days	35,197
7. Malpractice					Prospective Inflation factor	1.033333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims	167,238
9. Total Cost	284,169,476	160,371,021	91,248,752	31,445,915	Property Rate Allowance	0.80
10. Charges	\$1,137,784,929	\$810,875,928	\$303,761,810	180,653,517	First Semester in effect:	2013/07
11. Fixed Costs	26,591,471.00		7,099,297.20		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,898.15	196.06	County Ceiling Base	Exempt	179.70	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,194.81	129.39	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,680.43	195.74	FPLI	0.9910

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	31,445,915.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		31,445,915.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		32,494,112.17
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		167,238
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		194.30
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		132.77
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		132.77
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county		195.74
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		184.39
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		184.39
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		132.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		132.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		180,653,517.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,080.22	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,116.23	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$132.77	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$33.08	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	99.69	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100722 - 2013/07

Outpatient Rate: 113.36

Mayo Clinic

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

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

Hospital Classification: Specialized: Statutory Teaching

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	117,355,043	75,906,662	1,600,740	319,557	Total Bed Days 78,110
2. Routine	69,185,235		852,994		Total Inpatient Days 62,469
3. Special Care	60,698,532		568,247		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 924
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 30,553
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-3,888,639	-1,193,881	-47,531	-5,026	Medicaid Paid Claims 2,141
9. Total Cost	243,350,171	74,712,781	2,974,450	314,531	Property Rate Allowance 0.80
10. Charges	\$595,117,169	\$344,199,336	\$9,020,455	1,435,883	First Semester in effect: 2013/07
11. Fixed Costs	21,431,322.00		324,844.06		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	3,007.99		154.11	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,680.43	195.74	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	314,530.92
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		314,530.92
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		326,967.33
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,141
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		152.72
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		152.72
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	152.72	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	152.72	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	1,435,883.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	670.66	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	697.18	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$152.72	
AU	Medicaid Trend Adjustment IP% : 29.426 OP% : 24.149	\$36.88	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 70%)	5.71	
AW	Buy Back of Medicaid Trend Adjustment	3.23	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	113.36	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100722 - 2013/07

Outpatient Rate: 95.35

County Billing ONLY

Mayo Clinic

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

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

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Hospital Classification: Specialized: Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	117,355,043	75,906,662	1,600,740	319,557	Total Bed Days 78,110
2. Routine	69,185,235		852,994		Total Inpatient Days 62,469
3. Special Care	60,698,532		568,247		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 924
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 30,553
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-3,888,639	-1,193,881	-47,531	-5,026	Medicaid Paid Claims 2,141
9. Total Cost	243,350,171	74,712,781	2,974,450	314,531	Property Rate Allowance 0.80
10. Charges	\$595,117,169	\$344,199,336	\$9,020,455	1,435,883	First Semester in effect: 2013/07
11. Fixed Costs	21,431,322.00		324,844.06		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	3,007.99	154.11	County Ceiling Base	Exempt	179.70	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,219.60	123.76	Cost Report DRI Index 1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,680.43	195.74	FPLI 0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	314,530.92
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		314,530.92
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		326,967.33
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,141
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		152.72
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		126.99
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		126.99
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county		195.74
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		184.39
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	184.39	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	126.99	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	126.99	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	1,435,883.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	670.66	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	697.18	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$126.99	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$31.64	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	95.35	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

100731 - 2013/07

Outpatient Rate: 76.04

St. Vincent's Hospital

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

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	130,567,227	116,443,056	7,403,976	4,437,349	Total Bed Days 186,176
2. Routine	86,817,096		5,103,332		Total Inpatient Days 123,290
3. Special Care	22,891,650		1,961,357		Total Newborn Days 3,833
4. Newborn Routine	1,886,863		772,372		Medicaid Inpatient Days 8,634
5. Intern-Resident	0		0		Medicaid Newborn IP Days 120
6. Home Health					Medicare Inpatient Days 60,190
7. Malpractice					Prospective Inflation factor 1.033333333
8. Adjustments	-3,351,535	-1,611,572	-210,936	-61,413	Medicaid Paid Claims 39,808
9. Total Cost	238,811,301	114,831,484	15,030,101	4,375,936	Property Rate Allowance 0.80
10. Charges	\$1,084,658,970	\$799,851,504	\$57,372,574	30,613,899	First Semester in effect: 2013/07
11. Fixed Costs	24,042,360.00		1,271,710.39		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,638.81		114.62	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,680.43	195.74	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,375,936.07	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,375,936.07	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,521,800.61	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			39,808
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			113.59
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			113.59
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		113.59	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		113.59	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		30,613,899.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		769.04	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		794.67	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$113.59	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$28.30	
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU} * 66\% \right]$		9.25	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		76.04	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100731 - 2013/07

Outpatient Rate: 57.94

County Billing ONLY

St. Vincent's Hospital

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

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	130,567,227	116,443,056	7,403,976	4,437,349	Total Bed Days	186,176
2. Routine	86,817,096		5,103,332		Total Inpatient Days	123,290
3. Special Care	22,891,650		1,961,357		Total Newborn Days	3,833
4. Newborn Routine	1,886,863		772,372		Medicaid Inpatient Days	8,634
5. Intern-Resident	0		0		Medicaid Newborn IP Days	120
6. Home Health					Medicare Inpatient Days	60,190
7. Malpractice					Prospective Inflation factor	1.0333333333
8. Adjustments	-3,351,535	-1,611,572	-210,936	-61,413	Medicaid Paid Claims	39,808
9. Total Cost	238,811,301	114,831,484	15,030,101	4,375,936	Property Rate Allowance	0.80
10. Charges	\$1,084,658,970	\$799,851,504	\$57,372,574	30,613,899	First Semester in effect:	2013/07
11. Fixed Costs	24,042,360.00		1,271,710.39		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,638.81	114.62	County Ceiling Base	894.52	179.70	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	869.32	75.20	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,680.43	195.74	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,375,936.07
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,375,936.07
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,521,800.61
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		39,808
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		113.59
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		77.16
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		77.16
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county		195.74
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		184.39
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	184.39	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	77.16	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	77.16	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		30,613,899.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		769.04
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		794.67
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$77.16
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$19.22
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		57.94



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100749 - 2013/07

Outpatient Rate: 106.00

Baptist Hospital (Pensacola)

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Escambia (17)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	88,769,904	102,698,348	10,158,593	10,168,986	Total Bed Days 206,058
2. Routine	66,600,300		10,612,305		Total Inpatient Days 95,162
3. Special Care	23,866,118		611,630		Total Newborn Days 2,680
4. Newborn Routine	3,398,239		1,798,024		Medicaid Inpatient Days 14,767
5. Intern-Resident	0		0		Medicaid Newborn IP Days 556
6. Home Health					Medicare Inpatient Days 0
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-2,729,265	-1,534,710	-346,407	-151,964	Medicaid Paid Claims 68,182
9. Total Cost	179,905,296	101,163,638	22,834,145	10,017,022	Property Rate Allowance 0.80
10. Charges	\$609,441,925	\$594,803,844	\$73,283,009	83,355,223	First Semester in effect: 2013/07
11. Fixed Costs	29,376,932.00		3,532,461.23		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,382.47		161.24	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,594.97	185.79	FPLI	0.9406

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	10,017,022.10
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		10,017,022.10
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		10,340,633.65
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		68,182
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		151.66
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		151.66
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	151.66	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	151.66	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		83,355,223.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,222.54
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,262.04
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$151.66
AU	Medicaid Trend Adjustment IP% : 29.426 OP% : 24.149		\$36.63
AV	Exemption Tier Adj (AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 66%		13.37
AW	Buy Back of Medicaid Trend Adjustment		4.34
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		106.00



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100749 - 2013/07

Outpatient Rate: 72.93

County Billing ONLY

Baptist Hospital (Pensacola)

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Escambia (17)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	88,769,904	102,698,348	10,158,593	10,168,986	Total Bed Days	206,058
2. Routine	66,600,300		10,612,305		Total Inpatient Days	95,162
3. Special Care	23,866,118		611,630		Total Newborn Days	2,680
4. Newborn Routine	3,398,239		1,798,024		Medicaid Inpatient Days	14,767
5. Intern-Resident	0		0		Medicaid Newborn IP Days	556
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-2,729,265	-1,534,710	-346,407	-151,964	Medicaid Paid Claims	68,182
9. Total Cost	179,905,296	101,163,638	22,834,145	10,017,022	Property Rate Allowance	0.80
10. Charges	\$609,441,925	\$594,803,844	\$73,283,009	83,355,223	First Semester in effect:	2013/07
11. Fixed Costs	29,376,932.00		3,532,461.23		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,382.47	161.24	County Ceiling Base	936.54	174.40	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	712.62	94.66	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,594.97	185.79	FPLI	0.9406

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	10,017,022.10
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		10,017,022.10
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		10,340,633.65
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		68,182
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		151.66
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		97.13
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		97.13
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county		185.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		178.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	178.95	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	97.13	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	97.13	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		83,355,223.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,222.54
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,262.04
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$97.13
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$24.20
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		72.93



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100765 - 2013/07

Outpatient Rate: 110.87

Sacred Heart Hospital

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

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Escambia (17)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	107,316,290	206,655,098	25,391,321	14,692,326	Total Bed Days 169,458
2. Routine	34,886,094		7,511,208		Total Inpatient Days 100,439
3. Special Care	18,836,169		3,409,908		Total Newborn Days 23,586
4. Newborn Routine	14,758,735		8,366,595		Medicaid Inpatient Days 21,209
5. Intern-Resident	0		0		Medicaid Newborn IP Days 9,332
6. Home Health					Medicare Inpatient Days 35,273
7. Malpractice					Prospective Inflation factor 1.033333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims 108,000
9. Total Cost	175,797,288	206,655,098	44,679,032	14,692,326	Property Rate Allowance 0.80
10. Charges	\$692,608,564	\$707,468,065	\$130,256,574	74,097,056	First Semester in effect: 2013/07
11. Fixed Costs	25,436,954.00		4,783,842.78		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,435.07		149.45	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,594.97	185.79	FPLI	0.9406

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	14,692,326.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			14,692,326.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			15,182,070.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			108,000
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			140.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			140.57
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			140.57
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			140.57
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			74,097,056.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		686.08	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		708.95	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$140.57	
AU	Medicaid Trend Adjustment IP% : 29.426 OP% : 24.149		\$33.95	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		4.25	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		110.87	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100765 - 2013/07

Outpatient Rate: 105.55

County Billing ONLY

Sacred Heart Hospital

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

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Escambia (17)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	107,316,290	206,655,098	25,391,321	14,692,326	Total Bed Days	169,458
2. Routine	34,886,094		7,511,208		Total Inpatient Days	100,439
3. Special Care	18,836,169		3,409,908		Total Newborn Days	23,586
4. Newborn Routine	14,758,735		8,366,595		Medicaid Inpatient Days	21,209
5. Intern-Resident	0		0		Medicaid Newborn IP Days	9,332
6. Home Health					Medicare Inpatient Days	35,273
7. Malpractice					Prospective Inflation factor	1.033333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims	108,000
9. Total Cost	175,797,288	206,655,098	44,679,032	14,692,326	Property Rate Allowance	0.80
10. Charges	\$692,608,564	\$707,468,065	\$130,256,574	74,097,056	First Semester in effect:	2013/07
11. Fixed Costs	25,436,954.00		4,783,842.78		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,435.07	149.45	County Ceiling Base	936.54	174.40	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	922.32	140.23	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,594.97	185.79	FPLI	0.9406

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	14,692,326.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		14,692,326.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		15,182,070.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		108,000
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		140.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		143.89
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		140.57
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county		185.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		178.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		178.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		140.57
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		140.57
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		74,097,056.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	686.08	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	708.95	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$140.57	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$35.02	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	105.55	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

100803 - 2013/07

Outpatient Rate: 99.28

George E. Weems Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Franklin (19)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	382,613	3,462,735	105,729	474,707	Total Bed Days	9,150
2. Routine	1,888,763		147,351		Total Inpatient Days	786
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	88
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	415
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	0	0	0	0	Medicaid Paid Claims	4,936
9. Total Cost	2,271,376	3,462,735	253,080	474,707	Property Rate Allowance	1.00
10. Charges	\$2,503,376	\$12,318,766	\$352,655	1,125,865	First Semester in effect:	2013/07
11. Fixed Costs	346,767.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,453.38		96.36	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,747.07	203.50	FPLI	1.0303

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	474,707.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		474,707.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		490,042.96
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		4,936
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		99.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		99.28
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0303) for Franklin county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		99.28
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		99.28
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		228.09
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		235.46
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$99.28
AU	Medicaid Trend Adjustment IP% : 10.440 OP% : 8.223		\$8.16
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		8.16
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		99.28



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100862 - 2013/07

Outpatient Rate: 130.40

Hendry Regional Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hendry (26)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,126,856	11,677,234	442,654	1,804,164	Total Bed Days	9,150
2. Routine	2,594,872		298,541		Total Inpatient Days	2,906
3. Special Care	1,072,905		105,187		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	392
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,254
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-58,368	-117,622	-8,525	-18,173	Medicaid Paid Claims	13,887
9. Total Cost	5,736,265	11,559,612	837,857	1,785,991	Property Rate Allowance	1.00
10. Charges	\$10,275,649	\$40,485,911	\$1,897,112	6,396,703	First Semester in effect:	2013/07
11. Fixed Costs	2,602,317.00		480,445.26		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,045.68		147.49	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,526.29	177.79	FPLI	0.9001

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,785,991.08
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,785,991.08
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,843,689.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,887
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		132.76
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		132.76
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9001) for Hendry county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	132.76	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	132.76	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		6,396,703.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		460.63
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		475.51
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$132.76
AU	Medicaid Trend Adjustment IP% : 10.440 OP% : 10.094		\$13.40
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		11.04
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		130.40



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100871 - 2013/07

Outpatient Rate: 81.63

Brooksville Regional Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: Special

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

County: Hernando (27)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	37,136,857	31,357,268	4,623,673	3,271,004	Total Bed Days	89,304
2. Routine	23,211,179		2,839,780		Total Inpatient Days	46,166
3. Special Care	6,753,966		434,644		Total Newborn Days	6,078
4. Newborn Routine	3,168,217		2,206,361		Medicaid Inpatient Days	5,468
5. Intern-Resident	0		0		Medicaid Newborn IP Days	2,177
6. Home Health					Medicare Inpatient Days	18,324
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-1,240,805	-553,695	-178,421	-57,758	Medicaid Paid Claims	40,634
9. Total Cost	69,029,414	30,803,573	9,926,037	3,213,246	Property Rate Allowance	0.80
10. Charges	\$784,306,617	\$482,214,355	\$96,783,260	55,937,771	First Semester in effect:	2013/07
11. Fixed Costs	9,866,899.00		1,217,573.12		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,296.63		90.01	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,537.82	179.13	FPLI	0.9069

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,213,245.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,213,245.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,317,053.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		40,634
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		81.63
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		81.63
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9069) for Hernando county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	81.63	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	81.63	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		55,937,771.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,376.62
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,421.09
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$81.63
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$20.34
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		20.34
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		81.63



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100871 - 2013/07

Outpatient Rate: 61.29

County Billing ONLY

Brooksville Regional Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: Special

Type of Action: Amended Cost Report [2]

County: Hernando (27)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	37,136,857	31,357,268	4,623,673	3,271,004	Total Bed Days	89,304
2. Routine	23,211,179		2,839,780		Total Inpatient Days	46,166
3. Special Care	6,753,966		434,644		Total Newborn Days	6,078
4. Newborn Routine	3,168,217		2,206,361		Medicaid Inpatient Days	5,468
5. Intern-Resident	0		0		Medicaid Newborn IP Days	2,177
6. Home Health					Medicare Inpatient Days	18,324
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-1,240,805	-553,695	-178,421	-57,758	Medicaid Paid Claims	40,634
9. Total Cost	69,029,414	30,803,573	9,926,037	3,213,246	Property Rate Allowance	0.80
10. Charges	\$784,306,617	\$482,214,355	\$96,783,260	55,937,771	First Semester in effect:	2013/07
11. Fixed Costs	9,866,899.00		1,217,573.12		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,296.63	90.01	County Ceiling Base	891.93	174.27	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	831.30	85.21	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,537.82	179.13	FPLI	0.9069

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,213,245.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,213,245.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,317,053.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		40,634
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		81.63
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		87.43
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		81.63
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9069) for Hernando county		179.13
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		178.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	178.82	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	81.63	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	81.63	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		55,937,771.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,376.62
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,421.09
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$81.63
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$20.34
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		61.29



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100897 - 2013/07

Outpatient Rate: 95.17

Highlands Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: Self Exempt

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

County: Highlands (28)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,619,990	20,732,407	2,159,684	1,673,418	Total Bed Days	46,116
2. Routine	12,971,550		1,528,426		Total Inpatient Days	17,132
3. Special Care	3,607,887		144,637		Total Newborn Days	1,015
4. Newborn Routine	171,873		110,572		Medicaid Inpatient Days	2,032
5. Intern-Resident	0		0		Medicaid Newborn IP Days	28
6. Home Health					Medicare Inpatient Days	9,946
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-421,057	-261,588	-49,754	-21,114	Medicaid Paid Claims	17,923
9. Total Cost	32,950,244	20,470,820	3,893,565	1,652,304	Property Rate Allowance	0.80
10. Charges	\$168,427,452	\$163,265,389	\$17,954,066	15,016,232	First Semester in effect:	2013/07
11. Fixed Costs	6,567,853.00		700,121.42		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,774.56		105.53	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,529.17	178.12	FPLI	0.9018

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,652,303.94
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,652,303.94
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,705,683.54
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,923
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		95.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		95.17
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9018) for Highlands county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	95.17	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	95.17	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,016,232.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		837.82
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		864.89
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$95.17
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$23.71
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		23.71
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		95.17



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100897 - 2013/07

Outpatient Rate: 64.69

County Billing ONLY

Highlands Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: Self Exempt

Type of Action: Amended Cost Report [2]

County: Highlands (28)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,619,990	20,732,407	2,159,684	1,673,418	Total Bed Days	46,116
2. Routine	12,971,550		1,528,426		Total Inpatient Days	17,132
3. Special Care	3,607,887		144,637		Total Newborn Days	1,015
4. Newborn Routine	171,873		110,572		Medicaid Inpatient Days	2,032
5. Intern-Resident	0		0		Medicaid Newborn IP Days	28
6. Home Health					Medicare Inpatient Days	9,946
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-421,057	-261,588	-49,754	-21,114	Medicaid Paid Claims	17,923
9. Total Cost	32,950,244	20,470,820	3,893,565	1,652,304	Property Rate Allowance	0.80
10. Charges	\$168,427,452	\$163,265,389	\$17,954,066	15,016,232	First Semester in effect:	2013/07
11. Fixed Costs	6,567,853.00		700,121.42		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,774.56	105.53	County Ceiling Base	1,582.05	173.28	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	650.66	83.96	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,529.17	178.12	FPLI	0.9018

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,652,303.94
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,652,303.94
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,705,683.54
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,923
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		95.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		86.15
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		86.15
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9018) for Highlands county		178.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		177.80
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	177.80	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	86.15	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	86.15	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,016,232.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		837.82
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		864.89
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$86.15
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$21.46
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		64.69



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100901 - 2013/07

Outpatient Rate: 93.16

Florida Hospital Heartland Medical Center

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

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Highlands (28)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	43,066,353	45,798,905	4,295,950	3,400,488	Total Bed Days	58,035
2. Routine	27,793,308		2,841,413		Total Inpatient Days	49,054
3. Special Care	8,311,719		655,356		Total Newborn Days	1,627
4. Newborn Routine	593,658		556,442		Medicaid Inpatient Days	5,271
5. Intern-Resident	0		0		Medicaid Newborn IP Days	154
6. Home Health					Medicare Inpatient Days	31,435
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-1,100,698	-631,990	-115,212	-46,924	Medicaid Paid Claims	27,227
9. Total Cost	78,664,340	45,166,915	8,233,949	3,353,564	Property Rate Allowance	0.80
10. Charges	\$372,109,902	\$255,114,578	\$33,078,496	20,849,775	First Semester in effect:	2013/07
11. Fixed Costs	10,737,929.00		954,542.03		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,546.77		141.98	County Ceiling Base	896.44	166.23
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	841.85	120.92	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,529.17	178.12	FPLI	0.9018

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,353,563.82
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,353,563.82
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,486,162.19
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		27,227
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		128.04
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		124.07
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		124.07
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9018) for Highlands county		178.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		170.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	170.57	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	124.07	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	124.07	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		20,849,775.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		765.78
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		796.06
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$124.07
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$30.91
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		93.16



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100943 - 2013/07

Outpatient Rate: 91.31

University Community Hospital Carrollwood

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

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

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	38,661,167	35,041,768	1,031,652	1,741,981	Total Bed Days	39,785
2. Routine	15,208,295		655,642		Total Inpatient Days	18,626
3. Special Care	2,403,061		367,330		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,072
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,788
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-675,547	-420,673	-24,666	-20,912	Medicaid Paid Claims	14,201
9. Total Cost	55,596,976	34,621,095	2,029,958	1,721,069	Property Rate Allowance	0.80
10. Charges	\$247,067,173	\$167,381,931	\$8,301,818	11,632,166	First Semester in effect:	2013/07
11. Fixed Costs	9,446,111.00		317,403.13		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,776.34		134.76	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,585.30	184.66	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,721,068.67
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,721,068.67
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,789,118.93
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		14,201
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		125.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		125.99
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL) * Partial Exemption: IP% : 0.00 OP% : 37.77		113.69
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		113.69
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		11,632,166.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		819.11
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		851.50
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$113.69
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 24.915		\$28.33
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		5.95
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		91.31



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100943 - 2013/07

Outpatient Rate: 79.76

County Billing ONLY

University Community Hospital Carrollwood

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

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

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	38,661,167	35,041,768	1,031,652	1,741,981	Total Bed Days	39,785
2. Routine	15,208,295		655,642		Total Inpatient Days	18,626
3. Special Care	2,403,061		367,330		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,072
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,788
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-675,547	-420,673	-24,666	-20,912	Medicaid Paid Claims	14,201
9. Total Cost	55,596,976	34,621,095	2,029,958	1,721,069	Property Rate Allowance	0.80
10. Charges	\$247,067,173	\$167,381,931	\$8,301,818	11,632,166	First Semester in effect:	2013/07
11. Fixed Costs	9,446,111.00		317,403.13		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,776.34	134.76	County Ceiling Base	946.71	177.33	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,177.04	103.52	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,585.30	184.66	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,721,068.67
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,721,068.67
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,789,118.93
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		14,201
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		125.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		106.22
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.22
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		184.66
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	181.96	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	106.22	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	106.22	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		11,632,166.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		819.11
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		851.50
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$106.22
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$26.46
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		79.76



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100978 - 2013/07

Outpatient Rate: 152.31

St. Joseph's Hospital

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

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

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	232,445,082	171,114,966	45,043,616	16,978,511	Total Bed Days	369,015
2. Routine	142,698,597		24,013,163		Total Inpatient Days	222,207
3. Special Care	63,391,647		17,495,865		Total Newborn Days	15,823
4. Newborn Routine	7,126,725		2,229,480		Medicaid Inpatient Days	45,189
5. Intern-Resident	0		0		Medicaid Newborn IP Days	126
6. Home Health					Medicare Inpatient Days	55,265
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-6,626,854	-2,544,426	-1,320,162	-252,465	Medicaid Paid Claims	92,076
9. Total Cost	439,035,197	168,570,540	87,461,962	16,726,046	Property Rate Allowance	0.80
10. Charges	\$1,777,853,354	\$919,320,273	\$334,124,004	87,833,183	First Semester in effect:	2012/07
11. Fixed Costs	70,977,858.00		13,339,348.86		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,818.79		201.99	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,585.30	184.66	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	16,726,045.89
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		16,726,045.89
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		17,387,386.04
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		92,076
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		188.84
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		188.84
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	188.84	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	188.84	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		87,833,183.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		953.92
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		991.64
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$188.84
AU	Medicaid Trend Adjustment IP% : 26.005 OP% : 24.149		\$45.60
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU * 66\%} \right]$		8.17
AW	Buy Back of Medicaid Trend Adjustment		17.24
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		152.31



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100978 - 2013/07

Outpatient Rate: 116.77

County Billing ONLY

St. Joseph's Hospital

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

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

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	232,445,082	171,114,966	45,043,616	16,978,511	Total Bed Days	369,015
2. Routine	142,698,597		24,013,163		Total Inpatient Days	222,207
3. Special Care	63,391,647		17,495,865		Total Newborn Days	15,823
4. Newborn Routine	7,126,725		2,229,480		Medicaid Inpatient Days	45,189
5. Intern-Resident	0		0		Medicaid Newborn IP Days	126
6. Home Health					Medicare Inpatient Days	55,265
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-6,626,854	-2,544,426	-1,320,162	-252,465	Medicaid Paid Claims	92,076
9. Total Cost	439,035,197	168,570,540	87,461,962	16,726,046	Property Rate Allowance	0.80
10. Charges	\$1,777,853,354	\$919,320,273	\$334,124,004	87,833,183	First Semester in effect:	2012/07
11. Fixed Costs	70,977,858.00		13,339,348.86		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,818.79	201.99	County Ceiling Base	946.71	177.33	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,091.95	151.57	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,585.30	184.66	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	16,726,045.89
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		16,726,045.89
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		17,387,386.04
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		92,076
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		188.84
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		155.52
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		155.52
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		184.66
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	181.96	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	155.52	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	155.52	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		87,833,183.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		953.92
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		991.64
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$155.52
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$38.75
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		116.77



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100986 - 2013/07

Outpatient Rate: 95.67

South Florida Baptist

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

Fiscal Year : 1/1/2012-12/31/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	23,056,126	29,162,092	4,723,431	2,591,843	Total Bed Days	53,802
2. Routine	15,969,427		1,848,415		Total Inpatient Days	22,201
3. Special Care	4,899,626		586,144		Total Newborn Days	716
4. Newborn Routine	671,111		552,076		Medicaid Inpatient Days	2,955
5. Intern-Resident	0		0		Medicaid Newborn IP Days	20
6. Home Health					Medicare Inpatient Days	7,538
7. Malpractice					Prospective Inflation factor	1.0307692308
8. Adjustments	-622,636	-407,149	-107,645	-36,186	Medicaid Paid Claims	20,753
9. Total Cost	43,973,654	28,754,943	7,602,421	2,555,657	Property Rate Allowance	0.80
10. Charges	\$198,434,633	\$184,643,335	\$30,289,392	16,926,555	First Semester in effect:	2013/07
11. Fixed Costs	6,287,025.00		959,661.94		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,461.82		135.78	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.015
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,585.30	184.66	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,555,656.73
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,555,656.73
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,634,292.32
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		20,753
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		126.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		126.94
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	126.94	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	126.94	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		16,926,555.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		815.62
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		840.72
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$126.94
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$31.63
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU * 66\%} \right]$		10.26
AW	Buy Back of Medicaid Trend Adjustment		10.62
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		95.67



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100986 - 2013/07

Outpatient Rate: 64.97

County Billing ONLY

South Florida Baptist

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

Fiscal Year : 1/1/2012-12/31/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	23,056,126	29,162,092	4,723,431	2,591,843	Total Bed Days	53,802
2. Routine	15,969,427		1,848,415		Total Inpatient Days	22,201
3. Special Care	4,899,626		586,144		Total Newborn Days	716
4. Newborn Routine	671,111		552,076		Medicaid Inpatient Days	2,955
5. Intern-Resident	0		0		Medicaid Newborn IP Days	20
6. Home Health					Medicare Inpatient Days	7,538
7. Malpractice					Prospective Inflation factor	1.0307692308
8. Adjustments	-622,636	-407,149	-107,645	-36,186	Medicaid Paid Claims	20,753
9. Total Cost	43,973,654	28,754,943	7,602,421	2,555,657	Property Rate Allowance	0.80
10. Charges	\$198,434,633	\$184,643,335	\$30,289,392	16,926,555	First Semester in effect:	2013/07
11. Fixed Costs	6,287,025.00		959,661.94		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,461.82	135.78	County Ceiling Base	946.71	177.33	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	854.07	84.33	Cost Report DRI Index	2.015
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,585.30	184.66	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,555,656.73
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,555,656.73
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,634,292.32
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		20,753
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		126.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		86.53
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		86.53
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		184.66
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	181.96	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	86.53	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	86.53	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		16,926,555.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		815.62
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		840.72
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$86.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$21.56
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		64.97



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100994 - 2013/07

Outpatient Rate: 263.56

Tampa General Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Specialized/Statutory Teaching

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	341,759,125	191,296,041	54,664,946	17,803,177	Total Bed Days 344,040
2. Routine	206,368,613		36,769,200		Total Inpatient Days 239,504
3. Special Care	109,369,627		9,956,197		Total Newborn Days 30,235
4. Newborn Routine	31,335,563		22,825,770		Medicaid Inpatient Days 40,999
5. Intern-Resident	0		0		Medicaid Newborn IP Days 13,504
6. Home Health					Medicare Inpatient Days 76,353
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-9,814,703	-2,725,645	-1,769,869	-253,665	Medicaid Paid Claims 68,738
9. Total Cost	679,018,225	188,570,396	122,446,244	17,549,512	Property Rate Allowance 0.80
10. Charges	\$3,293,770,126	\$1,299,055,284	\$486,924,166	89,793,914	First Semester in effect: 2013/07
11. Fixed Costs	65,960,944.00		9,751,129.08		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,283.12	281.91	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,585.30	184.66	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	17,549,511.86
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		17,549,511.86
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		18,116,469.25
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		68,738
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		263.56
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		263.56
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	263.56	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	263.56	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		89,793,914.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,306.32
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,348.52
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$263.56
AU	Medicaid Trend Adjustment IP% : 26.005 OP% : 24.149		\$63.65
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 70\%)$		17.47
AW	Buy Back of Medicaid Trend Adjustment		63.65
AX	Buy Back of Exemption Tier Adjustment		17.47
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		263.56



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

100994 - 2013/07

Outpatient Rate: 135.54

County Billing ONLY

Tampa General Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Hospital Classification: Specialized/Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	341,759,125	191,296,041	54,664,946	17,803,177	Total Bed Days	344,040
2. Routine	206,368,613		36,769,200		Total Inpatient Days	239,504
3. Special Care	109,369,627		9,956,197		Total Newborn Days	30,235
4. Newborn Routine	31,335,563		22,825,770		Medicaid Inpatient Days	40,999
5. Intern-Resident	0		0		Medicaid Newborn IP Days	13,504
6. Home Health					Medicare Inpatient Days	76,353
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-9,814,703	-2,725,645	-1,769,869	-253,665	Medicaid Paid Claims	68,738
9. Total Cost	679,018,225	188,570,396	122,446,244	17,549,512	Property Rate Allowance	0.80
10. Charges	\$3,293,770,126	\$1,299,055,284	\$486,924,166	89,793,914	First Semester in effect:	2013/07
11. Fixed Costs	65,960,944.00		9,751,129.08		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,283.12		281.91	County Ceiling Base	Exempt	177.33
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,126.49	175.92	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,585.30	184.66	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	17,549,511.86
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		17,549,511.86
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		18,116,469.25
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		68,738
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		263.56
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		180.51
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		180.51
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		184.66
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	181.96	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	180.51	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	180.51	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		89,793,914.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,306.32
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,348.52
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$180.51
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$44.97
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		135.54



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101028 - 2013/07

Outpatient Rate: 81.77

University Community Hospital-Tampa

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

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	110,930,939	83,182,452	6,616,408	3,558,044	Total Bed Days 173,375
2. Routine	74,016,321		3,975,643		Total Inpatient Days 112,178
3. Special Care	18,771,280		3,483,345		Total Newborn Days 4,584
4. Newborn Routine	2,331,667		191,761		Medicaid Inpatient Days 8,725
5. Intern-Resident	0		0		Medicaid Newborn IP Days 260
6. Home Health					Medicare Inpatient Days 41,539
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-2,727,428	-1,101,062	-188,850	-47,097	Medicaid Paid Claims 32,482
9. Total Cost	203,322,779	82,081,390	14,078,307	3,510,947	Property Rate Allowance 0.80
10. Charges	\$989,414,561	\$567,156,175	\$60,702,554	26,820,100	First Semester in effect: 2013/07
11. Fixed Costs	35,025,082.00		2,148,858.54		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,476.31		120.18	County Ceiling Base	946.71	177.33
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	974.07	91.77	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,585.30	184.66	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,510,947.19
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,510,947.19
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,649,768.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		32,482
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.36
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		94.16
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		94.16
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		184.66
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		181.96
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		94.16
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		94.16
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		26,820,100.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	825.69	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	858.34	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$94.16	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$23.46	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	11.07	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	81.77	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101036 - 2013/07

Outpatient Rate: 147.84

Doctors Memorial Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Holmes (30)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,557,991	6,029,913	651,919	1,335,863	Total Bed Days	7,320
2. Routine	2,169,718		479,120		Total Inpatient Days	3,880
3. Special Care	934,350		156,833		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	837
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,246
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	0	0	0	0	Medicaid Paid Claims	9,328
9. Total Cost	5,662,059	6,029,913	1,287,872	1,335,863	Property Rate Allowance	1.00
10. Charges	\$9,871,585	\$14,838,968	\$2,500,278	2,538,203	First Semester in effect:	2013/07
11. Fixed Costs	2,362,089.00		598,270.61		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,010.23		175.60	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,427.60	166.29	FPLI	0.8419

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,335,863.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,335,863.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,379,019.61
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		9,328
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		147.84
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		147.84
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8419) for Holmes county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	147.84	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	147.84	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		2,538,203.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		272.11
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		280.90
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$147.84
AU	Medicaid Trend Adjustment IP% : 14.581 OP% : 8.223		\$12.16
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		12.16
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		147.84



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101044 - 2013/07

Outpatient Rate: 117.11

Indian River Memorial Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Indian River (31)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	55,855,906	55,299,001	5,423,179	4,493,633	Total Bed Days 122,610
2. Routine	44,027,243		4,171,635		Total Inpatient Days 62,698
3. Special Care	7,224,621		384,899		Total Newborn Days 2,120
4. Newborn Routine	1,140,616		655,321		Medicaid Inpatient Days 5,929
5. Intern-Resident	0		0		Medicaid Newborn IP Days 23
6. Home Health					Medicare Inpatient Days 34,217
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-1,410,051	-720,329	-138,533	-58,534	Medicaid Paid Claims 39,096
9. Total Cost	106,838,335	54,578,672	10,496,501	4,435,099	Property Rate Allowance 0.80
10. Charges	\$295,124,785	\$206,458,467	\$25,604,500	14,614,281	First Semester in effect: 2013/07
11. Fixed Costs	13,044,197.00		1,131,691.27		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,711.87		123.43	County Ceiling Base	940.82	166.38
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,014.54	119.95	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,608.87	187.41	FPLI	0.9488

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,435,098.61	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			4,435,098.61
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			4,578,379.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			39,096
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			117.11
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			123.08
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			117.11
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9488) for Indian River county			187.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			170.72
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			170.72
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			117.11
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			117.11
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			14,614,281.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		373.81	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		385.89	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$117.11	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$29.18	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		29.18	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates		117.11	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101061 - 2013/07

Outpatient Rate: 96.54

Jackson Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Rural

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Jackson (32)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,590,664	16,492,725	1,608,384	2,361,287	Total Bed Days	32,208
2. Routine	7,373,210		1,110,370		Total Inpatient Days	12,713
3. Special Care	1,719,958		494,721		Total Newborn Days	1,091
4. Newborn Routine	403,090		360,233		Medicaid Inpatient Days	2,278
5. Intern-Resident	0		0		Medicaid Newborn IP Days	104
6. Home Health					Medicare Inpatient Days	6,901
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	0	0	0	0	Medicaid Paid Claims	25,250
9. Total Cost	17,086,922	16,492,725	3,573,708	2,361,287	Property Rate Allowance	1.00
10. Charges	\$39,464,997	\$69,074,629	\$7,246,612	8,558,829	First Semester in effect:	2013/07
11. Fixed Costs	2,241,707.00		411,625.04		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,602.41		112.89	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,450.15	168.92	FPLI	0.8552

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,361,287.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,361,287.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,437,571.12
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		25,250
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		96.54
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		96.54
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8552) for Jackson county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	96.54	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	96.54	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		8,558,829.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		338.96
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		349.91
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$96.54
AU	Medicaid Trend Adjustment IP% : 10.440 OP% : 8.223		\$7.94
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		7.94
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		96.54



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101079 - 2013/07

Outpatient Rate: 104.52

Leesburg Regional Medical Center

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

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Lake (35)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	77,040,194	58,849,797	6,047,089	4,223,882	Total Bed Days	115,656
2. Routine	52,797,332		3,602,623		Total Inpatient Days	70,636
3. Special Care	13,612,562		1,240,971		Total Newborn Days	3,131
4. Newborn Routine	1,222,319		689,429		Medicaid Inpatient Days	5,990
5. Intern-Resident	0		0		Medicaid Newborn IP Days	43
6. Home Health					Medicare Inpatient Days	43,363
7. Malpractice					Prospective Inflation factor	1.0333333333
8. Adjustments	-2,038,846	-829,361	-163,197	-59,527	Medicaid Paid Claims	41,169
9. Total Cost	142,633,561	58,020,436	11,416,915	4,164,355	Property Rate Allowance	0.80
10. Charges	\$543,867,391	\$323,760,958	\$33,695,799	23,421,282	First Semester in effect:	2013/07
11. Fixed Costs	19,738,892.00		1,222,941.01		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,883.93		112.78	County Ceiling Base	924.64	174.93
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	881.38	107.31	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,571.57	183.06	FPLI	0.9268

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,164,355.48
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,164,355.48
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,303,167.33
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		41,169
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		104.52
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		110.11
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		104.52
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9268) for Lake county		183.06
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		179.49
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	179.49	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	104.52	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	104.52	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		23,421,282.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		568.91
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		587.87
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$104.52
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$26.04
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		26.04
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		104.52



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101087 - 2013/07

Outpatient Rate: 120.14

South Lake Memorial Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Lake (35)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,657,381	41,848,239	3,473,723	2,692,892	Total Bed Days	44,652
2. Routine	24,267,257		1,413,424		Total Inpatient Days	27,984
3. Special Care	4,409,098		419,265		Total Newborn Days	1,201
4. Newborn Routine	885,766		381,298		Medicaid Inpatient Days	2,225
5. Intern-Resident	0		0		Medicaid Newborn IP Days	10
6. Home Health					Medicare Inpatient Days	11,819
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	0	0	0	0	Medicaid Paid Claims	23,139
9. Total Cost	59,219,502	41,848,239	5,687,710	2,692,892	Property Rate Allowance	0.80
10. Charges	\$289,685,281	\$327,057,885	\$21,513,971	22,549,390	First Semester in effect:	2013/07
11. Fixed Costs	14,680,146.00		1,090,246.06		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,291.21		129.63	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,571.57	183.06	FPLI	0.9268

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,692,892.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,692,892.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,779,889.01
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		23,139
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		120.14
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		120.14
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9268) for Lake county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	120.14	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	120.14	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		22,549,390.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		974.52
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,006.00
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$120.14
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$29.93
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		29.93
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		120.14



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101087 - 2013/07

Outpatient Rate: 75.12

County Billing ONLY

South Lake Memorial Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Lake (35)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,657,381	41,848,239	3,473,723	2,692,892	Total Bed Days	44,652
2. Routine	24,267,257		1,413,424		Total Inpatient Days	27,984
3. Special Care	4,409,098		419,265		Total Newborn Days	1,201
4. Newborn Routine	885,766		381,298		Medicaid Inpatient Days	2,225
5. Intern-Resident	0		0		Medicaid Newborn IP Days	10
6. Home Health					Medicare Inpatient Days	11,819
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	0	0	0	0	Medicaid Paid Claims	23,139
9. Total Cost	59,219,502	41,848,239	5,687,710	2,692,892	Property Rate Allowance	0.80
10. Charges	\$289,685,281	\$327,057,885	\$21,513,971	22,549,390	First Semester in effect:	2013/07
11. Fixed Costs	14,680,146.00		1,090,246.06		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,291.21	129.63	County Ceiling Base	924.64	174.93	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,802.62	97.50	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,571.57	183.06	FPLI	0.9268

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,692,892.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,692,892.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,779,889.01
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		23,139
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		120.14
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		100.04
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		100.04
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9268) for Lake county		183.06
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		179.49
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	179.49	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	100.04	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	100.04	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		22,549,390.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		974.52
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,006.00
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$100.04
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$24.92
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		75.12



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101095 - 2013/07

Outpatient Rate: 148.06

Florida Hospital Waterman

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

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

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Lake (35)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	54,793,905	56,200,816	4,635,958	3,582,866	Total Bed Days 74,460
2. Routine	35,116,369		3,077,406		Total Inpatient Days 53,544
3. Special Care	8,824,149		660,032		Total Newborn Days 1,972
4. Newborn Routine	1,004,333		670,748		Medicaid Inpatient Days 4,907
5. Intern-Resident	0		0		Medicaid Newborn IP Days 371
6. Home Health					Medicare Inpatient Days 31,386
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-1,362,980	-768,012	-123,593	-48,962	Medicaid Paid Claims 24,812
9. Total Cost	98,375,776	55,432,804	8,920,551	3,533,904	Property Rate Allowance 0.80
10. Charges	\$396,917,433	\$338,677,051	\$30,492,886	23,048,206	First Semester in effect: 2013/07
11. Fixed Costs	16,212,172.00		1,245,488.03		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,631.05		159.75	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,571.57	183.06	FPLI	0.9268

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,533,904.35
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,533,904.35
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,673,633.30
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		24,812
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		148.06
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		148.06
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9268) for Lake county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	148.06	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	148.06	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		23,048,206.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		928.91
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		965.64
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$148.06
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$36.89
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		36.89
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		148.06



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101095 - 2013/07

Outpatient Rate: 81.16

County Billing ONLY

Florida Hospital Waterman

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

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

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Lake (35)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	54,793,905	56,200,816	4,635,958	3,582,866	Total Bed Days 74,460
2. Routine	35,116,369		3,077,406		Total Inpatient Days 53,544
3. Special Care	8,824,149		660,032		Total Newborn Days 1,972
4. Newborn Routine	1,004,333		670,748		Medicaid Inpatient Days 4,907
5. Intern-Resident	0		0		Medicaid Newborn IP Days 371
6. Home Health					Medicare Inpatient Days 31,386
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-1,362,980	-768,012	-123,593	-48,962	Medicaid Paid Claims 24,812
9. Total Cost	98,375,776	55,432,804	8,920,551	3,533,904	Property Rate Allowance 0.80
10. Charges	\$396,917,433	\$338,677,051	\$30,492,886	23,048,206	First Semester in effect: 2013/07
11. Fixed Costs	16,212,172.00		1,245,488.03		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,631.05	159.75	County Ceiling Base	924.64	174.93	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	799.86	105.34	Cost Report DRI Index 1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,571.57	183.06	FPLI 0.9268

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,533,904.35
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,533,904.35
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,673,633.30
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		24,812
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		148.06
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		108.09
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		108.09
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9268) for Lake county		183.06
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		179.49
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	179.49	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	108.09	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	108.09	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		23,048,206.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		928.91
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		965.64
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$108.09
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$26.93
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		81.16



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101109 - 2013/07

Outpatient Rate: 150.65

Lee Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Lee (36)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	190,893,779	137,523,807	20,559,101	12,239,472	Total Bed Days 271,206
2. Routine	132,257,055		12,120,872		Total Inpatient Days 175,401
3. Special Care	47,413,739		15,458,462		Total Newborn Days 16,689
4. Newborn Routine	12,006,704		5,179,249		Medicaid Inpatient Days 23,911
5. Intern-Resident	0		0		Medicaid Newborn IP Days 7,514
6. Home Health					Medicare Inpatient Days 71,485
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-5,996,746	-2,155,664	-835,746	-191,852	Medicaid Paid Claims 82,557
9. Total Cost	376,574,531	135,368,143	52,481,938	12,047,620	Property Rate Allowance 0.80
10. Charges	\$1,456,140,136	\$806,361,521	\$189,328,252	72,112,201	First Semester in effect: 2013/07
11. Fixed Costs	28,822,610.00		3,747,533.79		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,689.09		158.95	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,607.17	187.21	FPLI	0.9478

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	12,047,620.17	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			12,047,620.17
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			12,436,832.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			82,557
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			150.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			150.65
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			150.65
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			150.65
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			72,112,201.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		873.48	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		901.70	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$150.65	
AU	Medicaid Trend Adjustment IP% : 26.005 OP% : 22.571		\$34.00	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 70%)		7.39	
AW	Buy Back of Medicaid Trend Adjustment		34.00	
AX	Buy Back of Exemption Tier Adjustment		7.39	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		150.65	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101109 - 2013/07

Outpatient Rate: 87.27

County Billing ONLY

Lee Memorial Hospital

Type of Control: Government (4)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Lee (36)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	190,893,779	137,523,807	20,559,101	12,239,472	Total Bed Days 271,206
2. Routine	132,257,055		12,120,872		Total Inpatient Days 175,401
3. Special Care	47,413,739		15,458,462		Total Newborn Days 16,689
4. Newborn Routine	12,006,704		5,179,249		Medicaid Inpatient Days 23,911
5. Intern-Resident	0		0		Medicaid Newborn IP Days 7,514
6. Home Health					Medicare Inpatient Days 71,485
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-5,996,746	-2,155,664	-835,746	-191,852	Medicaid Paid Claims 82,557
9. Total Cost	376,574,531	135,368,143	52,481,938	12,047,620	Property Rate Allowance 0.80
10. Charges	\$1,456,140,136	\$806,361,521	\$189,328,252	72,112,201	First Semester in effect: 2013/07
11. Fixed Costs	28,822,610.00		3,747,533.79		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,689.09	158.95	County Ceiling Base	989.46	182.12	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,079.69	113.27	Cost Report DRI Index 2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,607.17	187.21	FPLI 0.9478

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	12,047,620.17
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		12,047,620.17
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		12,436,832.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		82,557
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		150.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		116.23
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		116.23
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county		187.21
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		186.87
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	186.87	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	116.23	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	116.23	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	72,112,201.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	873.48	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	901.70	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$116.23	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$28.96	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	87.27	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

101117 - 2013/07

Outpatient Rate: 53.01

Lehigh Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Amended Cost Report [2]

County: Lee (36)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,294,437	17,025,792	1,127,072	2,755,812	Total Bed Days	32,120
2. Routine	9,673,276		957,614		Total Inpatient Days	16,030
3. Special Care	2,579,382		589,958		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,007
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,129
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	0	0	0	0	Medicaid Paid Claims	28,412
9. Total Cost	22,547,095	17,025,792	2,674,644	2,755,812	Property Rate Allowance	0.80
10. Charges	\$154,646,495	\$143,678,774	\$15,653,502	22,679,052	First Semester in effect:	2013/07
11. Fixed Costs	3,926,277.00		397,422.42		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,244.46		106.38	County Ceiling Base	989.46	182.12
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	910.46	68.80	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,607.17	187.21	FPLI	0.9478

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,755,812.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,755,812.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,864,775.54
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		28,412
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		100.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		70.60
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		70.60
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county		187.21
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		186.87
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	186.87	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	70.60	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	70.60	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		22,679,052.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		798.22
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		829.78
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$70.60
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$17.59
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		53.01



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101133 - 2013/07

Outpatient Rate: 123.98

Tallahassee Memorial Regional M.C.

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Leon (37)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	113,501,116	175,000,858	13,462,190	7,024,072	Total Bed Days 179,706
2. Routine	91,071,285		10,394,753		Total Inpatient Days 107,219
3. Special Care	17,441,129		1,995,472		Total Newborn Days 16,093
4. Newborn Routine	10,663,587		5,321,307		Medicaid Inpatient Days 13,056
5. Intern-Resident	0		0		Medicaid Newborn IP Days 4,489
6. Home Health					Medicare Inpatient Days 29,903
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-2,813,706	-2,116,242	-376,976	-84,940	Medicaid Paid Claims 42,012
9. Total Cost	229,863,411	172,884,616	30,796,746	6,939,132	Property Rate Allowance 0.80
10. Charges	\$862,467,946	\$743,085,652	\$97,512,827	31,825,142	First Semester in effect: 2013/07
11. Fixed Costs	30,889,051.00		3,492,394.94		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,672.94		177.56	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,628.37	189.68	FPLI	0.9603

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	6,939,131.65
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,939,131.65
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		7,163,308.37
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		42,012
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		170.51
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		170.51
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	170.51	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	170.51	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		31,825,142.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		757.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		782.00
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$170.51
AU	Medicaid Trend Adjustment IP% : 29.426 OP% : 24.149		\$41.18
AV	Exemption Tier Adj((AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66%)		8.60
AW	Buy Back of Medicaid Trend Adjustment		3.25
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		123.98



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101133 - 2013/07

Outpatient Rate: 101.68

County Billing ONLY

Tallahassee Memorial Regional M.C.

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Leon (37)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	113,501,116	175,000,858	13,462,190	7,024,072	Total Bed Days 179,706
2. Routine	91,071,285		10,394,753		Total Inpatient Days 107,219
3. Special Care	17,441,129		1,995,472		Total Newborn Days 16,093
4. Newborn Routine	10,663,587		5,321,307		Medicaid Inpatient Days 13,056
5. Intern-Resident	0		0		Medicaid Newborn IP Days 4,489
6. Home Health					Medicare Inpatient Days 29,903
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-2,813,706	-2,116,242	-376,976	-84,940	Medicaid Paid Claims 42,012
9. Total Cost	229,863,411	172,884,616	30,796,746	6,939,132	Property Rate Allowance 0.80
10. Charges	\$862,467,946	\$743,085,652	\$97,512,827	31,825,142	First Semester in effect: 2013/07
11. Fixed Costs	30,889,051.00		3,492,394.94		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,672.94	177.56	County Ceiling Base	960.75	175.63	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	856.01	131.98	Cost Report DRI Index 2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,628.37	189.68	FPLI 0.9603

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	6,939,131.65	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,939,131.65	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		7,163,308.37	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			42,012
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			170.51
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			135.42
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			135.42
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county			189.68
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			180.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		180.21	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		135.42	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		135.42	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		31,825,142.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		757.53	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		782.00	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$135.42	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$33.74	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates		101.68	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101141 - 2013/07

Outpatient Rate: 38.41

Tri-County Hospital Williston

Type of Control: Proprietary(1)

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

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Levy (38)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	730,970	2,561,381	228,278	238,438	Total Bed Days	7,300
2. Routine	779,494		217,843		Total Inpatient Days	1,188
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	358
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	157
7. Malpractice					Prospective Inflation factor	1.1059637913
8. Adjustments	0	0	0	0	Medicaid Paid Claims	6,865
9. Total Cost	1,510,464	2,561,381	446,121	238,438	Property Rate Allowance	1.00
10. Charges	\$3,693,676	\$7,693,826	\$924,743	881,602	First Semester in effect:	2011/07
11. Fixed Costs	138,929.00		34,782.05		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,472.81		44.52	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.878
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,463.04	170.42	FPLI	0.8628

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	238,438.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		238,438.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		263,703.79
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,865
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		38.41
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		38.41
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8628) for Levy county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	38.41	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	38.41	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		881,602.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		128.42
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		142.03
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$38.41
AU	Medicaid Trend Adjustment IP% : 14.581 OP% : 10.094		\$3.88
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		3.88
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		38.41



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101150 - 2013/07

Outpatient Rate: 58.91

Madison County Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Madison (40)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,331,462	2,891,097	41,526	255,274	Total Bed Days	9,150
2. Routine	913,138		41,211		Total Inpatient Days	1,606
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	89
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	874
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-36,325	-46,788	-1,339	-4,131	Medicaid Paid Claims	4,401
9. Total Cost	2,208,275	2,844,309	81,398	251,143	Property Rate Allowance	1.00
10. Charges	\$8,525,318	\$12,318,062	\$241,408	847,952	First Semester in effect:	2013/07
11. Fixed Costs	279,173.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,423.48		67.63	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,477.12	172.06	FPLI	0.8711

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	251,142.80
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		251,142.80
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		259,256.26
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		4,401
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		58.91
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		58.91
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8711) for Madison county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	58.91	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	58.91	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		847,952.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		192.67
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		198.89
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$58.91
AU	Medicaid Trend Adjustment IP% : 14.342 OP% : 8.223		\$4.84
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		4.84
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		58.91



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101168 - 2013/07

Outpatient Rate: 119.16

Manatee Memorial Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Special

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

County: Manatee (41)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	70,230,784	41,119,723	9,886,807	3,720,620	Total Bed Days	110,711
2. Routine	55,011,391		7,499,688		Total Inpatient Days	77,016
3. Special Care	10,942,278		3,411,341		Total Newborn Days	3,214
4. Newborn Routine	1,087,652		841,287		Medicaid Inpatient Days	9,837
5. Intern-Resident	0		0		Medicaid Newborn IP Days	2,114
6. Home Health					Medicare Inpatient Days	30,422
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	0	0	0	0	Medicaid Paid Claims	32,458
9. Total Cost	137,272,105	41,119,723	21,639,123	3,720,620	Property Rate Allowance	0.80
10. Charges	\$668,929,484	\$294,621,929	\$77,015,537	31,125,223	First Semester in effect:	2013/07
11. Fixed Costs	22,624,717.00		2,604,840.68		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,704.77		122.69	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,646.85	191.83	FPLI	0.9712

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,720,620.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,720,620.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,867,731.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		32,458
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.16
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		119.16
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9712) for Manatee county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	119.16	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	119.16	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		31,125,223.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		958.94
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		996.86
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$119.16
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$29.69
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU} * 66\% \right]$		2.64
AW	Buy Back of Medicaid Trend Adjustment		29.69
AX	Buy Back of Exemption Tier Adjustment		2.64
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		119.16



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101168 - 2013/07

Outpatient Rate: 81.68

County Billing ONLY

Manatee Memorial Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Manatee (41)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	70,230,784	41,119,723	9,886,807	3,720,620	Total Bed Days	110,711
2. Routine	55,011,391		7,499,688		Total Inpatient Days	77,016
3. Special Care	10,942,278		3,411,341		Total Newborn Days	3,214
4. Newborn Routine	1,087,652		841,287		Medicaid Inpatient Days	9,837
5. Intern-Resident	0		0		Medicaid Newborn IP Days	2,114
6. Home Health					Medicare Inpatient Days	30,422
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	0	0	0	0	Medicaid Paid Claims	32,458
9. Total Cost	137,272,105	41,119,723	21,639,123	3,720,620	Property Rate Allowance	0.80
10. Charges	\$668,929,484	\$294,621,929	\$77,015,537	31,125,223	First Semester in effect:	2013/07
11. Fixed Costs	22,624,717.00		2,604,840.68		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,704.77	122.69	County Ceiling Base	967.14	174.80	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	805.22	106.01	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,646.85	191.83	FPLI	0.9712

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,720,620.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,720,620.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,867,731.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		32,458
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.16
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		108.78
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		108.78
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9712) for Manatee county		191.83
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		179.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	179.36	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	108.78	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	108.78	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		31,125,223.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		958.94
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		996.86
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$108.78
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$27.10
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		81.68



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101176 - 2013/07

Outpatient Rate: 82.25

Munroe Regional Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Marion (42)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	99,723,775	82,920,336	9,533,896	6,299,721	Total Bed Days	148,962
2. Routine	76,144,254		7,012,681		Total Inpatient Days	103,343
3. Special Care	14,580,410		1,815,481		Total Newborn Days	6,821
4. Newborn Routine	3,661,237		2,026,806		Medicaid Inpatient Days	10,996
5. Intern-Resident	0		0		Medicaid Newborn IP Days	536
6. Home Health					Medicare Inpatient Days	51,345
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-2,548,575	-1,088,708	-267,697	-82,713	Medicaid Paid Claims	78,027
9. Total Cost	191,561,101	81,831,628	20,121,167	6,217,008	Property Rate Allowance	0.80
10. Charges	\$908,012,299	\$579,277,698	\$90,638,440	36,133,436	First Semester in effect:	2013/07
11. Fixed Costs	19,268,000.00		1,923,345.60		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,726.56		87.18	County Ceiling Base	912.11	159.18
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	909.04	100.07	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,599.88	186.36	FPLI	0.9435

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	6,217,008.42
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,217,008.42
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,417,856.11
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		78,027
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		82.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		102.68
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		82.25
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9435) for Marion county		186.36
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		163.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	163.33	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	82.25	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	82.25	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		36,133,436.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		463.09
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		478.05
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$82.25
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$20.49
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		20.49
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		82.25



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101184 - 2013/07

Outpatient Rate: 117.67

Martin Memorial Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Martin (43)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	103,389,340	101,543,009	5,335,837	5,572,488	Total Bed Days 125,904
2. Routine	41,690,310		2,613,889		Total Inpatient Days 76,280
3. Special Care	20,037,310		876,694		Total Newborn Days 4,292
4. Newborn Routine	1,891,678		848,444		Medicaid Inpatient Days 5,332
5. Intern-Resident	0		0		Medicaid Newborn IP Days 229
6. Home Health					Medicare Inpatient Days 42,421
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-2,404,403	-1,461,902	-139,288	-80,226	Medicaid Paid Claims 48,185
9. Total Cost	164,604,235	100,081,107	9,535,576	5,492,262	Property Rate Allowance 0.80
10. Charges	\$820,598,555	\$652,393,084	\$42,942,435	37,403,135	First Semester in effect: 2013/07
11. Fixed Costs	22,847,813.00		1,195,640.33		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,621.80		123.27	County Ceiling Base	884.52	167.96
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	949.79	124.83	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,618.71	188.55	FPLI	0.9546

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	5,492,261.58	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			5,492,261.58
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			5,669,695.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			48,185
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			117.67
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			128.09
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			117.67
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9546) for Martin county			188.55
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			172.34
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			172.34
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			117.67
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			117.67
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			37,403,135.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		776.24	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		801.32	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$117.67	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$29.32	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		29.32	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates		117.67	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101192 - 2013/07

Outpatient Rate: 86.16

Lower Florida Keys Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: Special

Type of Action: Amended Cost Report [2]

County: Monroe (44)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	17,945,987	19,372,802	2,645,984	1,996,824	Total Bed Days	55,632
2. Routine	14,636,362		2,177,488		Total Inpatient Days	19,157
3. Special Care	3,047,304		354,264		Total Newborn Days	861
4. Newborn Routine	741,262		306,491		Medicaid Inpatient Days	2,972
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,207
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-638,710	-340,206	-96,309	-35,066	Medicaid Paid Claims	17,649
9. Total Cost	35,732,205	19,032,596	5,387,918	1,961,758	Property Rate Allowance	0.80
10. Charges	\$183,113,851	\$157,674,842	\$24,804,735	14,899,261	First Semester in effect:	2013/07
11. Fixed Costs	5,365,174.00		726,770.36		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,603.78		113.67	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,711.80	199.40	FPLI	1.0095

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,961,757.75
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,961,757.75
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,025,134.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,649
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		114.75
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		114.75
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0095) for Monroe county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	114.75	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	114.75	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		14,899,261.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		844.20
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		871.47
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$114.75
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$28.59
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		86.16



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101192 - 2013/07

Outpatient Rate: 64.01

County Billing ONLY

Lower Florida Keys Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: Special

Type of Action: Amended Cost Report [2]

County: Monroe (44)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	17,945,987	19,372,802	2,645,984	1,996,824	Total Bed Days	55,632
2. Routine	14,636,362		2,177,488		Total Inpatient Days	19,157
3. Special Care	3,047,304		354,264		Total Newborn Days	861
4. Newborn Routine	741,262		306,491		Medicaid Inpatient Days	2,972
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,207
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-638,710	-340,206	-96,309	-35,066	Medicaid Paid Claims	17,649
9. Total Cost	35,732,205	19,032,596	5,387,918	1,961,758	Property Rate Allowance	0.80
10. Charges	\$183,113,851	\$157,674,842	\$24,804,735	14,899,261	First Semester in effect:	2013/07
11. Fixed Costs	5,365,174.00		726,770.36		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,603.78	113.67	County Ceiling Base	971.46	190.94	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	695.58	83.08	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,711.80	199.40	FPLI	1.0095

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,961,757.75
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,961,757.75
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,025,134.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,649
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		114.75
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		85.25
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		85.25
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0095) for Monroe county		199.40
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		195.92
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	195.92	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	85.25	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	85.25	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		14,899,261.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		844.20
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		871.47
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$85.25
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$21.24
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		64.01



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

101206 - 2013/07

Outpatient Rate: 140.31

Fishermen's Hospital

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

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Monroe (44)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,962,090	10,831,069	65,915	536,504	Total Bed Days	9,150
2. Routine	3,899,975		100,450		Total Inpatient Days	2,258
3. Special Care	1,014,612		64,975		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	75
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,190
7. Malpractice					Prospective Inflation factor	1.0333333333
8. Adjustments	-249,470	-343,041	-7,327	-16,992	Medicaid Paid Claims	3,732
9. Total Cost	7,627,207	10,488,028	224,013	519,512	Property Rate Allowance	1.00
10. Charges	\$14,931,040	\$45,883,374	\$366,248	2,325,642	First Semester in effect:	2013/07
11. Fixed Costs	1,833,971.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,626.22		142.49	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,711.80	199.40	FPLI	1.0095

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	519,511.87
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		519,511.87
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		536,828.93
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		3,732
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		143.84
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		143.84
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0095) for Monroe county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		143.84
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		143.84
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		2,325,642.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	623.16	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	643.93	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$143.84	
AU	Medicaid Trend Adjustment IP% : 14.581 OP% : 10.094	\$14.52	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	10.99	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	140.31	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101214 - 2013/07

Outpatient Rate: 345.67

Mariners Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Monroe (44)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,437,278	26,910,539	114,132	1,347,730	Total Bed Days	9,150
2. Routine	7,054,255		134,635		Total Inpatient Days	2,040
3. Special Care	2,928,640		55,784		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	55
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,208
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	0	0	0	0	Medicaid Paid Claims	3,774
9. Total Cost	14,420,173	26,910,539	304,551	1,347,730	Property Rate Allowance	1.00
10. Charges	\$22,220,347	\$106,008,043	\$633,023	4,382,340	First Semester in effect:	2013/07
11. Fixed Costs	3,214,738.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	5,616.95		365.18	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,711.80	199.40	FPLI	1.0095

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,347,730.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		1,347,730.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,391,269.99
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		3,774
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		368.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		368.65
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0095) for Monroe county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	368.65	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	368.65	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		4,382,340.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,161.19
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		1,198.70
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$368.65
AU	Medicaid Trend Adjustment IP% : 14.581 OP% : 10.094		\$37.21
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		14.23
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		345.67



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101231 - 2013/07

Outpatient Rate: 101.62

Baptist Medical Center - Nassau

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Rural Hospital

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Nassau (45)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,859,268	22,248,780	1,353,850	1,601,283	Total Bed Days	19,764
2. Routine	10,981,120		866,147		Total Inpatient Days	10,057
3. Special Care	0		0		Total Newborn Days	1,019
4. Newborn Routine	609,159		231,349		Medicaid Inpatient Days	935
5. Intern-Resident	0		0		Medicaid Newborn IP Days	19
6. Home Health					Medicare Inpatient Days	4,458
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-307,775	-334,855	-36,894	-24,100	Medicaid Paid Claims	15,569
9. Total Cost	20,141,772	21,913,925	2,414,452	1,577,183	Property Rate Allowance	1.00
10. Charges	\$66,295,932	\$128,932,238	\$6,659,978	8,259,259	First Semester in effect:	2013/07
11. Fixed Costs	3,520,685.00		353,682.10		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,270.79		106.50	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,665.17	193.96	FPLI	0.9820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,577,182.93
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,577,182.93
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,628,135.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,569
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		104.58
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		104.58
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9820) for Nassau county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	104.58	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	104.58	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		8,259,259.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		530.49
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		547.63
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$104.58
AU	Medicaid Trend Adjustment IP% : 10.440 OP% : 8.223		\$8.60
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		5.64
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		101.62



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101257 - 2013/07

Outpatient Rate: 71.17

Twin Cities Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2011-5/31/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Okaloosa (46)
 District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,856,361	15,399,130	419,467	1,066,982	Total Bed Days	20,862
2. Routine	4,903,918		209,494		Total Inpatient Days	6,432
3. Special Care	2,602,283		164,539		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	343
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,149
7. Malpractice					Prospective Inflation factor	1.0338476854
8. Adjustments	-259,515	-230,168	-11,860	-15,948	Medicaid Paid Claims	9,442
9. Total Cost	17,103,047	15,168,962	781,640	1,051,034	Property Rate Allowance	0.80
10. Charges	\$124,378,672	\$155,001,987	\$5,996,440	11,651,253	First Semester in effect:	2013/07
11. Fixed Costs	3,341,830.00		161,113.50		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,114.11		130.08	County Ceiling Base	934.90	164.13
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	850.40	92.38	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,500.18	174.75	FPLI	0.8847

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,051,034.02
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,051,034.02
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,086,609.09
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		9,442
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		115.08
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		94.79
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		94.79
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8847) for Okaloosa county		174.75
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		168.41
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	168.41	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	94.79	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	94.79	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		11,651,253.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,233.98
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,275.75
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$94.79
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$23.62
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		71.17



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101265 - 2013/07

Outpatient Rate: 90.55

North Okaloosa Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 4/1/2011-3/31/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Okaloosa (46)
 District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	19,399,132	25,590,508	3,300,654	4,260,306	Total Bed Days 40,260
2. Routine	13,151,749		1,737,471		Total Inpatient Days 22,371
3. Special Care	3,250,265		94,954		Total Newborn Days 874
4. Newborn Routine	302,620		222,639		Medicaid Inpatient Days 2,796
5. Intern-Resident	0		0		Medicaid Newborn IP Days 7
6. Home Health					Medicare Inpatient Days 13,268
7. Malpractice					Prospective Inflation factor 1.0348779273
8. Adjustments	-547,920	-388,368	-81,280	-64,655	Medicaid Paid Claims 28,785
9. Total Cost	35,555,846	25,202,140	5,274,438	4,195,651	Property Rate Allowance 0.80
10. Charges	\$349,193,479	\$373,955,598	\$37,832,799	57,761,758	First Semester in effect: 2013/07
11. Fixed Costs	7,597,338.00		823,121.22		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,857.62		170.50	County Ceiling Base	934.90	164.13
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	846.85	117.53	Cost Report DRI Index	2.007
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,500.18	174.75	FPLI	0.8847

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,195,650.51
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,195,650.51
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,341,986.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		28,785
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		150.84
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		120.60
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		120.60
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8847) for Okaloosa county		174.75
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		168.41
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	168.41	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	120.60	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	120.60	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		57,761,758.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,006.66
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,076.65
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$120.60
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$30.05
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		90.55



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101290 - 2013/07

Outpatient Rate: 135.83

Florida Hospital

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

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

Hospital Classification: Statutory Teaching

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Orange (48)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	659,664,738	463,045,601	78,748,416	35,196,966	Total Bed Days 781,465
2. Routine	453,491,758		54,083,648		Total Inpatient Days 557,940
3. Special Care	138,876,601		16,587,276		Total Newborn Days 38,906
4. Newborn Routine	32,447,105		15,876,082		Medicaid Inpatient Days 70,610
5. Intern-Resident	0		0		Medicaid Newborn IP Days 9,770
6. Home Health					Medicare Inpatient Days 214,468
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-19,548,552	-7,047,108	-2,515,637	-535,664	Medicaid Paid Claims 205,921
9. Total Cost	1,264,931,650	455,998,493	162,779,785	34,661,302	Property Rate Allowance 0.80
10. Charges	\$5,889,974,618	\$2,897,961,765	\$722,236,249	235,520,401	First Semester in effect: 2013/07
11. Fixed Costs	135,455,492.00		16,609,726.32		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,929.95		178.64	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,660.93	193.47	FPLI	0.9795

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	34,661,302.07
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		34,661,302.07
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		36,031,793.99
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		205,921
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		174.98
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		174.98
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	174.98	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	174.98	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		235,520,401.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,143.74
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,188.96
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$174.98
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$43.60
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 70\%)$		10.45
AW	Buy Back of Medicaid Trend Adjustment		14.90
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		135.83



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101290 - 2013/07

Outpatient Rate: 95.64

County Billing ONLY

Florida Hospital

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

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

Hospital Classification: Statutory Teaching

Type of Action: Unaudited Cost Report [1]

County: Orange (48)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	659,664,738	463,045,601	78,748,416	35,196,966	Total Bed Days	781,465
2. Routine	453,491,758		54,083,648		Total Inpatient Days	557,940
3. Special Care	138,876,601		16,587,276		Total Newborn Days	38,906
4. Newborn Routine	32,447,105		15,876,082		Medicaid Inpatient Days	70,610
5. Intern-Resident	0		0		Medicaid Newborn IP Days	9,770
6. Home Health					Medicare Inpatient Days	214,468
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-19,548,552	-7,047,108	-2,515,637	-535,664	Medicaid Paid Claims	205,921
9. Total Cost	1,264,931,650	455,998,493	162,779,785	34,661,302	Property Rate Allowance	0.80
10. Charges	\$5,889,974,618	\$2,897,961,765	\$722,236,249	235,520,401	First Semester in effect:	2013/07
11. Fixed Costs	135,455,492.00		16,609,726.32		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,929.95	178.64	County Ceiling Base	944.94	179.59	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	980.60	124.13	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,660.93	193.47	FPLI	0.9795

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	34,661,302.07
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		34,661,302.07
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		36,031,793.99
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		205,921
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		174.98
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		127.37
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		127.37
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county		193.47
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		184.28
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		184.28
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		127.37
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		127.37
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		235,520,401.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,143.74	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,188.96	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$127.37	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$31.73	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	95.64	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101338 - 2013/07

Outpatient Rate: 169.62

Orlando Health

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Statutory Teaching Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Orange (48)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	480,649,340	373,828,101	81,364,684	32,923,453	Total Bed Days	542,778
2. Routine	342,477,934		51,872,338		Total Inpatient Days	367,424
3. Special Care	58,917,683		11,409,677		Total Newborn Days	67,171
4. Newborn Routine	60,023,007		32,530,457		Medicaid Inpatient Days	61,281
5. Intern-Resident	0		0		Medicaid Newborn IP Days	23,234
6. Home Health					Medicare Inpatient Days	85,231
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	0	0	0	0	Medicaid Paid Claims	163,520
9. Total Cost	942,067,964	373,828,101	177,177,156	32,923,453	Property Rate Allowance	0.80
10. Charges	\$4,222,053,586	\$2,451,404,862	\$737,110,343	208,171,802	First Semester in effect:	2013/07
11. Fixed Costs	121,051,082.00		21,133,792.54		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,945.88		212.20	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,660.93	193.47	FPLI	0.9795

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	32,923,453.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			32,923,453.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			33,987,083.44
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			163,520
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			207.85
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			207.85
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			207.85
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			207.85
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			208,171,802.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,273.07	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,314.20	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$207.85	
AU	Medicaid Trend Adjustment IP% : 29.426 OP% : 24.149		\$50.19	
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 70\%)$		10.90	
AW	Buy Back of Medicaid Trend Adjustment		22.86	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		169.62	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101338 - 2013/07

Outpatient Rate: 117.15

County Billing ONLY

Orlando Health

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

Fiscal Year : 10/1/2011-9/30/2012

Type of Action: Unaudited Cost Report [1]

County: Orange (48)

District: 7

Hospital Classification: Statutory Teaching Hospital

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	480,649,340	373,828,101	81,364,684	32,923,453	Total Bed Days	542,778
2. Routine	342,477,934		51,872,338		Total Inpatient Days	367,424
3. Special Care	58,917,683		11,409,677		Total Newborn Days	67,171
4. Newborn Routine	60,023,007		32,530,457		Medicaid Inpatient Days	61,281
5. Intern-Resident	0		0		Medicaid Newborn IP Days	23,234
6. Home Health					Medicare Inpatient Days	85,231
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	0	0	0	0	Medicaid Paid Claims	163,520
9. Total Cost	942,067,964	373,828,101	177,177,156	32,923,453	Property Rate Allowance	0.80
10. Charges	\$4,222,053,586	\$2,451,404,862	\$737,110,343	208,171,802	First Semester in effect:	2013/07
11. Fixed Costs	121,051,082.00		21,133,792.54		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,945.88	212.20	County Ceiling Base	Exempt	179.59	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,199.21	152.05	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,660.93	193.47	FPLI	0.9795

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	32,923,453.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		32,923,453.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		33,987,083.44
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		163,520
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		207.85
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		156.02
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		156.02
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county		193.47
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		184.28
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		184.28
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		156.02
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		156.02
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		208,171,802.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,273.07	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,314.20	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$156.02	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$38.87	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	117.15	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101354 - 2013/07

Outpatient Rate: 154.61

Health Central

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

Fiscal Year : 4/1/2012-9/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Orange (48)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	19,248,202	24,473,441	1,896,572	2,010,712	Total Bed Days 31,293
2. Routine	15,753,800		1,351,270		Total Inpatient Days 22,953
3. Special Care	3,920,688		413,500		Total Newborn Days 1,196
4. Newborn Routine	629,579		232,669		Medicaid Inpatient Days 2,291
5. Intern-Resident	0		0		Medicaid Newborn IP Days 139
6. Home Health					Medicare Inpatient Days 6,395
7. Malpractice					Prospective Inflation factor 1.0307692308
8. Adjustments	0	0	0	0	Medicaid Paid Claims 13,405
9. Total Cost	39,552,269	24,473,441	3,894,011	2,010,712	Property Rate Allowance 0.80
10. Charges	\$161,252,600	\$132,518,920	\$12,372,399	8,950,442	First Semester in effect: 2013/07
11. Fixed Costs	6,237,030.00		478,547.47		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,479.11		157.85	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.015
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,660.93	193.47	FPLI	0.9795

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,010,712.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,010,712.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,072,580.06	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			13,405
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			154.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			154.61
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		154.61	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		154.61	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		8,950,442.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		667.69	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		688.23	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$154.61	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$38.52	
AV	Exemption Tier Adj((AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66%)		12.44	
AW	Buy Back of Medicaid Trend Adjustment		38.52	
AX	Buy Back of Exemption Tier Adjustment		12.44	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		154.61	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101354 - 2013/07

Outpatient Rate: 79.31

County Billing ONLY

Health Central

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

Fiscal Year : 4/1/2012-9/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Orange (48)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	19,248,202	24,473,441	1,896,572	2,010,712	Total Bed Days	31,293
2. Routine	15,753,800		1,351,270		Total Inpatient Days	22,953
3. Special Care	3,920,688		413,500		Total Newborn Days	1,196
4. Newborn Routine	629,579		232,669		Medicaid Inpatient Days	2,291
5. Intern-Resident	0		0		Medicaid Newborn IP Days	139
6. Home Health					Medicare Inpatient Days	6,395
7. Malpractice					Prospective Inflation factor	1.0307692308
8. Adjustments	0	0	0	0	Medicaid Paid Claims	13,405
9. Total Cost	39,552,269	24,473,441	3,894,011	2,010,712	Property Rate Allowance	0.80
10. Charges	\$161,252,600	\$132,518,920	\$12,372,399	8,950,442	First Semester in effect:	2013/07
11. Fixed Costs	6,237,030.00		478,547.47		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,479.11	157.85	County Ceiling Base	944.94	179.59	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,139.63	102.94	Cost Report DRI Index	2.015
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,660.93	193.47	FPLI	0.9795

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,010,712.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,010,712.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,072,580.06
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,405
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		154.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		105.63
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		105.63
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county		193.47
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		184.28
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	184.28	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	105.63	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	105.63	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		8,950,442.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		667.69
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		688.23
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$105.63
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$26.32
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		79.31



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101389 - 2013/07

Outpatient Rate: 91.95

Osceola Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Osceola (49)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	62,387,430	56,739,492	7,959,087	5,332,238	Total Bed Days 93,805
2. Routine	52,274,526		5,046,430		Total Inpatient Days 77,332
3. Special Care	15,954,920		2,571,559		Total Newborn Days 3,195
4. Newborn Routine	1,021,209		723,962		Medicaid Inpatient Days 9,220
5. Intern-Resident	0		0		Medicaid Newborn IP Days 50
6. Home Health					Medicare Inpatient Days 26,416
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-2,250,321	-969,948	-278,662	-91,153	Medicaid Paid Claims 43,045
9. Total Cost	129,387,764	55,769,544	16,022,376	5,241,085	Property Rate Allowance 0.80
10. Charges	\$1,051,328,238	\$676,122,625	\$99,976,485	75,229,108	First Semester in effect: 2013/07
11. Fixed Costs	15,685,208.00		1,491,591.21		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,710.92		132.90	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,614.98	188.12	FPLI	0.9524

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	5,241,084.68
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,241,084.68
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,448,314.75
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		43,045
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		126.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		126.57
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9524) for Osceola county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	126.57	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	126.57	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		75,229,108.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,747.69
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,816.79
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$126.57
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$31.53
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$		3.09
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		91.95



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101389 - 2013/07

Outpatient Rate: 85.89

County Billing ONLY

Osceola Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Osceola (49)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	62,387,430	56,739,492	7,959,087	5,332,238	Total Bed Days	93,805
2. Routine	52,274,526		5,046,430		Total Inpatient Days	77,332
3. Special Care	15,954,920		2,571,559		Total Newborn Days	3,195
4. Newborn Routine	1,021,209		723,962		Medicaid Inpatient Days	9,220
5. Intern-Resident	0		0		Medicaid Newborn IP Days	50
6. Home Health					Medicare Inpatient Days	26,416
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-2,250,321	-969,948	-278,662	-91,153	Medicaid Paid Claims	43,045
9. Total Cost	129,387,764	55,769,544	16,022,376	5,241,085	Property Rate Allowance	0.80
10. Charges	\$1,051,328,238	\$676,122,625	\$99,976,485	75,229,108	First Semester in effect:	2013/07
11. Fixed Costs	15,685,208.00		1,491,591.21		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,710.92	132.90	County Ceiling Base	911.16	176.72	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,005.46	111.48	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,614.98	188.12	FPLI	0.9524

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	5,241,084.68
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,241,084.68
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,448,314.75
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		43,045
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		126.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		114.39
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		114.39
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9524) for Osceola county		188.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		181.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		114.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		114.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		75,229,108.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,747.69	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,816.79	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$114.39	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$28.50	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	85.89	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101401 - 2013/07

Outpatient Rate: 88.80

Bethesda Mem. Hosp.

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	85,992,520	60,865,187	15,051,288	6,156,466	Total Bed Days	142,008
2. Routine	56,215,202		9,330,952		Total Inpatient Days	95,936
3. Special Care	12,733,912		1,312,594		Total Newborn Days	13,096
4. Newborn Routine	7,934,110		5,834,676		Medicaid Inpatient Days	16,390
5. Intern-Resident	0		0		Medicaid Newborn IP Days	4,191
6. Home Health					Medicare Inpatient Days	41,657
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-2,305,853	-861,676	-446,367	-87,158	Medicaid Paid Claims	52,976
9. Total Cost	160,569,891	60,003,511	31,083,143	6,069,308	Property Rate Allowance	0.80
10. Charges	\$903,521,407	\$530,007,139	\$151,720,014	51,655,134	First Semester in effect:	2013/07
11. Fixed Costs	20,319,344.00		3,412,039.97		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,353.95		115.37	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	6,069,308.12
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,069,308.12
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,265,384.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		52,976
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		118.27
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		118.27
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	118.27	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	118.27	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		51,655,134.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		975.07
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,006.57
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$118.27
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$29.47
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		88.80



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101401 - 2013/07

Outpatient Rate: 88.80

County Billing ONLY

Bethesda Mem. Hosp.

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	85,992,520	60,865,187	15,051,288	6,156,466	Total Bed Days	142,008
2. Routine	56,215,202		9,330,952		Total Inpatient Days	95,936
3. Special Care	12,733,912		1,312,594		Total Newborn Days	13,096
4. Newborn Routine	7,934,110		5,834,676		Medicaid Inpatient Days	16,390
5. Intern-Resident	0		0		Medicaid Newborn IP Days	4,191
6. Home Health					Medicare Inpatient Days	41,657
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-2,305,853	-861,676	-446,367	-87,158	Medicaid Paid Claims	52,976
9. Total Cost	160,569,891	60,003,511	31,083,143	6,069,308	Property Rate Allowance	0.80
10. Charges	\$903,521,407	\$530,007,139	\$151,720,014	51,655,134	First Semester in effect:	2013/07
11. Fixed Costs	20,319,344.00		3,412,039.97		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,353.95	115.37	County Ceiling Base	1,026.08	191.82	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,008.88	117.47	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	6,069,308.12
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,069,308.12
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,265,384.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		52,976
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		118.27
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		120.53
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		118.27
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		202.48
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		196.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	196.82	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	118.27	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	118.27	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		51,655,134.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		975.07
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,006.57
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$118.27
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$29.47
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		88.80



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101419 - 2013/07

Outpatient Rate: 174.31

Boca Raton Community Hospital

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

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	91,656,249	142,037,403	2,738,017	1,366,573	Total Bed Days	133,956
2. Routine	49,526,684		1,682,173		Total Inpatient Days	65,983
3. Special Care	14,030,701		619,812		Total Newborn Days	4,879
4. Newborn Routine	1,324,054		21,710		Medicaid Inpatient Days	2,691
5. Intern-Resident	0		0		Medicaid Newborn IP Days	25
6. Home Health					Medicare Inpatient Days	42,292
7. Malpractice					Prospective Inflation factor	1.0333333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims	8,101
9. Total Cost	156,537,688	142,037,403	5,061,712	1,366,573	Property Rate Allowance	0.80
10. Charges	\$600,397,991	\$849,631,390	\$17,389,774	6,598,620	First Semester in effect:	2013/07
11. Fixed Costs	32,646,666.00		945,569.69		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,527.69		170.04	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,366,573.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,366,573.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,412,125.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,101
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		174.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		174.31
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	174.31	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	174.31	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		6,598,620.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		814.54
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		841.69
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$174.31
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$43.43
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		43.43
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		174.31



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101419 - 2013/07

Outpatient Rate: 86.10

County Billing ONLY

Boca Raton Community Hospital

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

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	91,656,249	142,037,403	2,738,017	1,366,573	Total Bed Days	133,956
2. Routine	49,526,684		1,682,173		Total Inpatient Days	65,983
3. Special Care	14,030,701		619,812		Total Newborn Days	4,879
4. Newborn Routine	1,324,054		21,710		Medicaid Inpatient Days	2,691
5. Intern-Resident	0		0		Medicaid Newborn IP Days	25
6. Home Health					Medicare Inpatient Days	42,292
7. Malpractice					Prospective Inflation factor	1.0333333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims	8,101
9. Total Cost	156,537,688	142,037,403	5,061,712	1,366,573	Property Rate Allowance	0.80
10. Charges	\$600,397,991	\$849,631,390	\$17,389,774	6,598,620	First Semester in effect:	2013/07
11. Fixed Costs	32,646,666.00		945,569.69		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,527.69	170.04	County Ceiling Base	1,026.08	191.82	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	841.04	111.75	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,366,573.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,366,573.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,412,125.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,101
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		174.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		114.67
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		114.67
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		202.48
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		196.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	196.82	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	114.67	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	114.67	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		6,598,620.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		814.54
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		841.69
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$114.67
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$28.57
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		86.10



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101443 - 2013/07

Outpatient Rate: 71.10

Lakeside Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,363,332	9,348,264	2,270,966	1,872,869	Total Bed Days	25,620
2. Routine	13,783,842		4,465,749		Total Inpatient Days	10,735
3. Special Care	2,338,014		208,475		Total Newborn Days	1,250
4. Newborn Routine	505,998		76,507		Medicaid Inpatient Days	3,367
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,323
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-162,501	-60,786	-45,658	-12,178	Medicaid Paid Claims	27,014
9. Total Cost	24,828,685	9,287,478	6,976,039	1,860,691	Property Rate Allowance	1.00
10. Charges	\$71,120,817	\$49,099,231	\$17,608,309	9,839,165	First Semester in effect:	2013/07
11. Fixed Costs	3,860,259.00		955,734.71		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,800.60		69.36	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,860,690.96
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,860,690.96
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,920,802.75
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		27,014
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		71.10
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		71.10
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		71.10
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		71.10
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		9,839,165.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	364.22	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	375.99	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$71.10	
AU	Medicaid Trend Adjustment IP% : 14.581 OP% : 8.223	\$5.85	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	5.85	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	71.10	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101460 - 2013/07

Outpatient Rate: 136.93

JFK Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	130,710,769	69,571,192	13,344,328	4,132,835	Total Bed Days	163,968
2. Routine	91,043,933		8,554,635		Total Inpatient Days	126,100
3. Special Care	23,634,695		3,175,740		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	14,818
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	44,097
7. Malpractice					Prospective Inflation factor	1.0333333333
8. Adjustments	-3,993,297	-1,132,154	-408,048	-67,255	Medicaid Paid Claims	30,680
9. Total Cost	241,396,100	68,439,038	24,666,655	4,065,580	Property Rate Allowance	0.80
10. Charges	\$1,830,072,604	\$742,287,498	\$190,084,320	49,540,736	First Semester in effect:	2013/07
11. Fixed Costs	25,447,026.00		2,643,108.60		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,498.21		133.58	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,065,580.10
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,065,580.10
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,201,099.44
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		30,680
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		136.93
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		136.93
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	136.93	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	136.93	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		49,540,736.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,614.76
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,668.59
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$136.93
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$34.12
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		34.12
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		136.93



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101460 - 2013/07

Outpatient Rate: 102.81

County Billing ONLY

JFK Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2011-6/30/2012
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	130,710,769	69,571,192	13,344,328	4,132,835	Total Bed Days 163,968
2. Routine	91,043,933		8,554,635		Total Inpatient Days 126,100
3. Special Care	23,634,695		3,175,740		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 14,818
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 44,097
7. Malpractice					Prospective Inflation factor 1.033333333
8. Adjustments	-3,993,297	-1,132,154	-408,048	-67,255	Medicaid Paid Claims 30,680
9. Total Cost	241,396,100	68,439,038	24,666,655	4,065,580	Property Rate Allowance 0.80
10. Charges	\$1,830,072,604	\$742,287,498	\$190,084,320	49,540,736	First Semester in effect: 2013/07
11. Fixed Costs	25,447,026.00		2,643,108.60		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,498.21	133.58	County Ceiling Base	1,026.08	191.82	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	776.38	134.82	Cost Report DRI Index 2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI 1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,065,580.10	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,065,580.10	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,201,099.44	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			30,680
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			136.93
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			138.34
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			136.93
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county			202.48
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			196.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		196.82	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		136.93	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		136.93	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		49,540,736.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,614.76	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,668.59	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$136.93	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$34.12	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates		102.81	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101486 - 2013/07

Outpatient Rate: 126.68

St. Mary's Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2011-5/31/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	96,406,336	49,327,342	31,077,595	8,364,262	Total Bed Days 169,824
2. Routine	61,101,756		21,402,291		Total Inpatient Days 108,828
3. Special Care	27,219,468		13,936,887		Total Newborn Days 7,582
4. Newborn Routine	953,457		649,247		Medicaid Inpatient Days 43,359
5. Intern-Resident	0		0		Medicaid Newborn IP Days 142
6. Home Health					Medicare Inpatient Days 14,343
7. Malpractice					Prospective Inflation factor 1.0338476854
8. Adjustments	-2,596,611	-689,806	-937,868	-116,968	Medicaid Paid Claims 67,308
9. Total Cost	183,084,406	48,637,536	66,128,152	8,247,294	Property Rate Allowance 0.80
10. Charges	\$973,895,273	\$298,084,549	\$344,870,665	55,079,152	First Semester in effect: 2013/07
11. Fixed Costs	11,385,000.00		4,031,596.24		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,439.65		123.58	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	8,247,294.02	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		8,247,294.02	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		8,526,445.83	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			67,308
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			126.68
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			126.68
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		126.68	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		126.68	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		55,079,152.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		818.32	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		846.02	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$126.68	
AU	Medicaid Trend Adjustment IP% : 26.005 OP% : 24.150		\$30.59	
AV	Exemption Tier Adj $\left[\frac{AG-CBAM - ((AG-CBAM) / AT) * AU}{AG-CBAM - ((AG-CBAM) / AT) * AU * 66\%} \right]$		5.21	
AW	Buy Back of Medicaid Trend Adjustment		30.59	
AX	Buy Back of Exemption Tier Adjustment		5.21	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		126.68	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101486 - 2013/07

Outpatient Rate: 79.17

County Billing ONLY

St. Mary's Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2011-5/31/2012
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	96,406,336	49,327,342	31,077,595	8,364,262	Total Bed Days	169,824
2. Routine	61,101,756		21,402,291		Total Inpatient Days	108,828
3. Special Care	27,219,468		13,936,887		Total Newborn Days	7,582
4. Newborn Routine	953,457		649,247		Medicaid Inpatient Days	43,359
5. Intern-Resident	0		0		Medicaid Newborn IP Days	142
6. Home Health					Medicare Inpatient Days	14,343
7. Malpractice					Prospective Inflation factor	1.0338476854
8. Adjustments	-2,596,611	-689,806	-937,868	-116,968	Medicaid Paid Claims	67,308
9. Total Cost	183,084,406	48,637,536	66,128,152	8,247,294	Property Rate Allowance	0.80
10. Charges	\$973,895,273	\$298,084,549	\$344,870,665	55,079,152	First Semester in effect:	2013/07
11. Fixed Costs	11,385,000.00		4,031,596.24		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,439.65	123.58	County Ceiling Base	1,026.08	191.82	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,084.82	102.76	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	8,247,294.02
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		8,247,294.02
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		8,526,445.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		67,308
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		126.68
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		105.44
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		105.44
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		202.48
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		196.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		196.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		105.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		105.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		55,079,152.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	818.32	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	846.02	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$105.44	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$26.27	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	79.17	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101494 - 2013/07

Outpatient Rate: 72.74

Florida Hospital Zephyrhills

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

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	43,731,931	40,714,083	3,598,638	2,359,379	Total Bed Days	53,450
2. Routine	28,548,488		2,036,300		Total Inpatient Days	38,967
3. Special Care	4,918,412		407,145		Total Newborn Days	1,014
4. Newborn Routine	655,570		450,624		Medicaid Inpatient Days	3,084
5. Intern-Resident	0		0		Medicaid Newborn IP Days	142
6. Home Health					Medicare Inpatient Days	19,892
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-1,108,855	-579,877	-92,473	-33,604	Medicaid Paid Claims	19,254
9. Total Cost	76,745,546	40,134,206	6,400,234	2,325,775	Property Rate Allowance	0.80
10. Charges	\$471,577,627	\$276,407,618	\$33,532,574	16,432,422	First Semester in effect:	2013/07
11. Fixed Costs	10,054,768.00		714,966.60		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,905.17		130.58	County Ceiling Base	856.32	173.57
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	853.25	94.42	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,630.58	189.94	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,325,775.14
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,325,775.14
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,417,735.22
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		19,254
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		125.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		96.88
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		96.88
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county		189.94
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		178.10
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	178.10	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	96.88	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	96.88	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		16,432,422.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		853.45
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		887.20
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$96.88
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$24.14
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		72.74



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101508 - 2013/07

Outpatient Rate: 79.52

North Bay Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	25,047,608	17,484,575	2,311,628	1,283,706	Total Bed Days	82,490
2. Routine	32,298,058		3,048,717		Total Inpatient Days	45,270
3. Special Care	4,830,992		458,789		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,525
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	17,560
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-662,178	-186,210	-61,973	-13,671	Medicaid Paid Claims	12,466
9. Total Cost	61,514,480	17,298,365	5,757,161	1,270,035	Property Rate Allowance	0.80
10. Charges	\$241,126,459	\$121,056,032	\$18,560,708	9,302,798	First Semester in effect:	2013/07
11. Fixed Costs	7,894,074.00		607,646.31		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,230.25		110.14	County Ceiling Base	856.32	173.57
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	823.74	107.39	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,630.58	189.94	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,270,034.60
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,270,034.60
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,320,251.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,466
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		105.91
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		110.19
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		105.91
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county		189.94
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		178.10
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	178.10	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	105.91	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	105.91	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		9,302,798.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		746.25
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		775.76
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$105.91
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$26.39
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		79.52



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101516 - 2013/07

Outpatient Rate: 252.15

All Children's Hospital

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

Fiscal Year : 10/1/2011-6/30/2012

Hospital Classification: Specialized: Children's

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	97,408,034	63,428,227	40,854,215	26,513,810	Total Bed Days 70,966
2. Routine	30,095,969		13,450,061		Total Inpatient Days 54,453
3. Special Care	50,240,950		32,676,759		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 32,392
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 105
7. Malpractice					Prospective Inflation factor 1.0328194928
8. Adjustments	-2,644,952	-943,850	-1,294,330	-394,541	Medicaid Paid Claims 106,984
9. Total Cost	175,100,001	62,484,377	85,686,705	26,119,269	Property Rate Allowance 0.80
10. Charges	\$555,612,303	\$249,890,118	\$314,775,196	74,399,612	First Semester in effect: 2013/07
11. Fixed Costs	28,835,855.00		16,336,592.73		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,336.96	266.49	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.011
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,604.46	186.89	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	26,119,268.56
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		26,119,268.56
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		26,976,489.71
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		106,984
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		252.15
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		252.15
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	252.15	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	252.15	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		74,399,612.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		695.43
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		718.25
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$252.15
AU	Medicaid Trend Adjustment IP% : 7.652 OP% : 6.842		\$17.25
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU * 88\%} \right]$		7.39
AW	Buy Back of Medicaid Trend Adjustment		17.25
AX	Buy Back of Exemption Tier Adjustment		7.39
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		252.15



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101516 - 2013/07

Outpatient Rate: 167.44

County Billing ONLY

All Children's Hospital

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

Fiscal Year : 10/1/2011-6/30/2012

Hospital Classification: Specialized: Children's

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	97,408,034	63,428,227	40,854,215	26,513,810	Total Bed Days 70,966
2. Routine	30,095,969		13,450,061		Total Inpatient Days 54,453
3. Special Care	50,240,950		32,676,759		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 32,392
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 105
7. Malpractice					Prospective Inflation factor 1.0328194928
8. Adjustments	-2,644,952	-943,850	-1,294,330	-394,541	Medicaid Paid Claims 106,984
9. Total Cost	175,100,001	62,484,377	85,686,705	26,119,269	Property Rate Allowance 0.80
10. Charges	\$555,612,303	\$249,890,118	\$314,775,196	74,399,612	First Semester in effect: 2013/07
11. Fixed Costs	28,835,855.00		16,336,592.73		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	2,336.96	266.49	County Ceiling Base	Exempt	176.95	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,612.60	202.57	Cost Report DRI Index 2.011
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,604.46	186.89	FPLI 0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	26,119,268.56
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		26,119,268.56
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		26,976,489.71
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		106,984
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		252.15
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		207.86
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		207.86
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		186.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	181.57	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	181.57	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	181.57	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		74,399,612.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		695.43
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		718.25
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$181.57
AU	Medicaid Trend Adjustment IP% : 11.978 OP% : 7.782		\$14.13
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		167.44



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101524 - 2013/07

Outpatient Rate: 135.83

Good Samaritan Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2011-5/31/2012

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	38,492,219	57,997,431	3,797,619	3,003,716	Total Bed Days	121,878
2. Routine	28,073,506		2,681,368		Total Inpatient Days	38,199
3. Special Care	5,178,845		473,165		Total Newborn Days	1,584
4. Newborn Routine	333,632		163,238		Medicaid Inpatient Days	3,940
5. Intern-Resident	0		0		Medicaid Newborn IP Days	3
6. Home Health					Medicare Inpatient Days	16,059
7. Malpractice					Prospective Inflation factor	1.0338476854
8. Adjustments	-1,068,993	-860,161	-105,528	-44,548	Medicaid Paid Claims	22,524
9. Total Cost	71,009,209	57,137,270	7,009,862	2,959,168	Property Rate Allowance	0.80
10. Charges	\$407,274,519	\$352,119,156	\$35,293,826	20,372,284	First Semester in effect:	2013/07
11. Fixed Costs	13,071,203.00		1,132,731.71		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,503.24		132.50	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,959,167.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,959,167.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,059,328.82
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,524
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		135.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		135.83
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	135.83	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	135.83	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		20,372,284.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		904.47
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		935.08
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$135.83
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$33.84
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		33.84
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		135.83



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101524 - 2013/07

Outpatient Rate: 91.27

County Billing ONLY

Good Samaritan Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2011-5/31/2012

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	38,492,219	57,997,431	3,797,619	3,003,716	Total Bed Days	121,878
2. Routine	28,073,506		2,681,368		Total Inpatient Days	38,199
3. Special Care	5,178,845		473,165		Total Newborn Days	1,584
4. Newborn Routine	333,632		163,238		Medicaid Inpatient Days	3,940
5. Intern-Resident	0		0		Medicaid Newborn IP Days	3
6. Home Health					Medicare Inpatient Days	16,059
7. Malpractice					Prospective Inflation factor	1.0338476854
8. Adjustments	-1,068,993	-860,161	-105,528	-44,548	Medicaid Paid Claims	22,524
9. Total Cost	71,009,209	57,137,270	7,009,862	2,959,168	Property Rate Allowance	0.80
10. Charges	\$407,274,519	\$352,119,156	\$35,293,826	20,372,284	First Semester in effect:	2013/07
11. Fixed Costs	13,071,203.00		1,132,731.71		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,503.24	132.50	County Ceiling Base	1,026.08	191.82	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	931.43	118.47	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,959,167.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,959,167.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,059,328.82
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,524
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		135.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		121.56
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		121.56
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		202.48
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		196.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		196.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		121.56
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		121.56
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		20,372,284.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	904.47	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	935.08	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$121.56	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$30.29	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	91.27	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101541 - 2013/07

Outpatient Rate: 68.78

Mease Hospital Clinic

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

Fiscal Year : 1/1/2012-12/31/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	18,400,775	21,945,714	1,572,114	844,053	Total Bed Days 45,384
2. Routine	15,554,211		697,392		Total Inpatient Days 21,828
3. Special Care	4,158,734		305,897		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 1,208
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 9,658
7. Malpractice					Prospective Inflation factor 1.0307692308
8. Adjustments	-820,537	-472,462	-55,445	-18,171	Medicaid Paid Claims 7,447
9. Total Cost	37,293,183	21,473,252	2,519,958	825,882	Property Rate Allowance 0.80
10. Charges	\$160,522,165	\$150,847,174	\$13,028,918	6,345,508	First Semester in effect: 2013/07
11. Fixed Costs	4,543,034.00		368,739.22		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,939.97		120.81	County Ceiling Base	944.75	176.95
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	988.93	89.27	Cost Report DRI Index	2.015
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,604.46	186.89	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	825,881.67
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		825,881.67
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		851,293.41
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,447
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		114.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		91.60
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		91.60
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		186.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	181.57	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	91.60	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	91.60	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	6,345,508.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	852.09	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	878.31	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$91.60	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$22.82	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	68.78	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101567 - 2013/07

Outpatient Rate: 102.57

Bayfront Medical Center

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

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

Hospital Classification: CHEP

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	89,731,391	49,485,181	14,036,565	3,650,069	Total Bed Days 144,905
2. Routine	41,279,355		6,656,888		Total Inpatient Days 87,352
3. Special Care	29,141,075		3,029,063		Total Newborn Days 7,573
4. Newborn Routine	3,518,247		1,650,188		Medicaid Inpatient Days 15,678
5. Intern-Resident	0		0		Medicaid Newborn IP Days 197
6. Home Health					Medicare Inpatient Days 27,674
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-2,526,916	-764,006	-391,731	-56,354	Medicaid Paid Claims 36,422
9. Total Cost	161,143,152	48,721,175	24,980,973	3,593,715	Property Rate Allowance 0.80
10. Charges	\$873,974,355	\$334,863,490	\$134,137,763	26,468,726	First Semester in effect: 2013/07
11. Fixed Costs	16,929,687.00		2,598,371.83		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,549.02		108.40	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,604.46	186.89	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,593,715.27
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,593,715.27
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,735,809.12
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		36,422
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		102.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		102.57
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	102.57	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	102.57	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		26,468,726.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		726.72
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		755.45
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$102.57
AU	Medicaid Trend Adjustment IP% : 29.426 OP% : 24.149		\$24.77
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU * 66\%} \right]$		2.77
AW	Buy Back of Medicaid Trend Adjustment		24.77
AX	Buy Back of Exemption Tier Adjustment		2.77
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		102.57



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101567 - 2013/07

Outpatient Rate: 68.52

County Billing ONLY

Bayfront Medical Center

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

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

Hospital Classification: CHEP

Type of Action: Amended Cost Report [2]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	89,731,391	49,485,181	14,036,565	3,650,069	Total Bed Days 144,905
2. Routine	41,279,355		6,656,888		Total Inpatient Days 87,352
3. Special Care	29,141,075		3,029,063		Total Newborn Days 7,573
4. Newborn Routine	3,518,247		1,650,188		Medicaid Inpatient Days 15,678
5. Intern-Resident	0		0		Medicaid Newborn IP Days 197
6. Home Health					Medicare Inpatient Days 27,674
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-2,526,916	-764,006	-391,731	-56,354	Medicaid Paid Claims 36,422
9. Total Cost	161,143,152	48,721,175	24,980,973	3,593,715	Property Rate Allowance 0.80
10. Charges	\$873,974,355	\$334,863,490	\$134,137,763	26,468,726	First Semester in effect: 2013/07
11. Fixed Costs	16,929,687.00		2,598,371.83		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,549.02	108.40	County Ceiling Base	944.75	176.95	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	940.83	88.93	Cost Report DRI Index 1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,604.46	186.89	FPLI 0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,593,715.27
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,593,715.27
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,735,809.12
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		36,422
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		102.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		91.25
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		91.25
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		186.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		181.57
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		91.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		91.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		26,468,726.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	726.72	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	755.45	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$91.25	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$22.73	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	68.52	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101583 - 2013/07

Outpatient Rate: 121.09

Morton F. Plant Hospital

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

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

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	117,044,271	119,914,974	9,379,038	5,717,136	Total Bed Days 193,815
2. Routine	79,579,103		5,670,701		Total Inpatient Days 107,263
3. Special Care	22,756,977		3,123,859		Total Newborn Days 5,256
4. Newborn Routine	2,399,909		1,094,014		Medicaid Inpatient Days 10,566
5. Intern-Resident	0		0		Medicaid Newborn IP Days 154
6. Home Health					Medicare Inpatient Days 42,131
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-3,373,801	-1,824,189	-293,106	-86,971	Medicaid Paid Claims 31,989
9. Total Cost	218,406,459	118,090,785	18,974,506	5,630,165	Property Rate Allowance 0.80
10. Charges	\$846,010,282	\$729,839,479	\$69,476,782	32,962,769	First Semester in effect: 2013/07
11. Fixed Costs	31,723,813.00		2,605,250.18		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,677.62		193.36	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,604.46	186.89	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	5,630,164.88	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,630,164.88	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,852,779.01	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			31,989
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			182.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			182.96
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		182.96	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		182.96	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		32,962,769.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,030.44	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,071.18	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$182.96	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$45.58	
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU} * 66\% \right]$		16.29	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		121.09	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101583 - 2013/07

Outpatient Rate: 89.22

County Billing ONLY

Morton F. Plant Hospital

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

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

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	117,044,271	119,914,974	9,379,038	5,717,136	Total Bed Days 193,815
2. Routine	79,579,103		5,670,701		Total Inpatient Days 107,263
3. Special Care	22,756,977		3,123,859		Total Newborn Days 5,256
4. Newborn Routine	2,399,909		1,094,014		Medicaid Inpatient Days 10,566
5. Intern-Resident	0		0		Medicaid Newborn IP Days 154
6. Home Health					Medicare Inpatient Days 42,131
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-3,373,801	-1,824,189	-293,106	-86,971	Medicaid Paid Claims 31,989
9. Total Cost	218,406,459	118,090,785	18,974,506	5,630,165	Property Rate Allowance 0.80
10. Charges	\$846,010,282	\$729,839,479	\$69,476,782	32,962,769	First Semester in effect: 2013/07
11. Fixed Costs	31,723,813.00		2,605,250.18		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,677.62	193.36	County Ceiling Base	944.75	176.95	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	524.44	115.81	Cost Report DRI Index 1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,604.46	186.89	FPLI 0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	5,630,164.88
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,630,164.88
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,852,779.01
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		31,989
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		182.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		118.83
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		118.83
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		186.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	181.57	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	118.83	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	118.83	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	32,962,769.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,030.44	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,071.18	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$118.83	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$29.61	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	89.22	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101613 - 2013/07

Outpatient Rate: 98.65

Helen Ellis Memorial Hospital

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

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	26,119,366	25,564,513	2,290,398	1,550,241	Total Bed Days 54,750
2. Routine	14,266,608		504,227		Total Inpatient Days 18,524
3. Special Care	2,584,016		85,020		Total Newborn Days 980
4. Newborn Routine	503,630		373,099		Medicaid Inpatient Days 865
5. Intern-Resident	0		0		Medicaid Newborn IP Days 660
6. Home Health					Medicare Inpatient Days 8,233
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-451,697	-265,619	-33,796	-16,107	Medicaid Paid Claims 11,899
9. Total Cost	43,021,923	25,298,894	3,218,948	1,534,134	Property Rate Allowance 0.80
10. Charges	\$161,203,404	\$112,427,651	\$9,251,106	8,293,268	First Semester in effect: 2013/07
11. Fixed Costs	3,703,895.00		212,558.32		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,165.87		141.65	County Ceiling Base	944.75	176.95
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,244.98	128.05	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,604.46	186.89	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,534,133.78
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,534,133.78
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,594,792.72
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,899
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		134.03
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		131.39
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		131.39
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		186.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	181.57	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	131.39	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	131.39	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		8,293,268.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		696.97
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		724.53
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$131.39
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$32.74
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		98.65



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101648 - 2013/07

Outpatient Rate: 130.30

Lakeland Regional Medical Center

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Polk (53)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	146,100,387	166,206,412	14,337,992	13,926,009	Total Bed Days 311,466
2. Routine	136,441,130		10,768,426		Total Inpatient Days 178,672
3. Special Care	32,255,620		5,376,562		Total Newborn Days 6,312
4. Newborn Routine	1,654,963		343,993		Medicaid Inpatient Days 18,909
5. Intern-Resident	0		0		Medicaid Newborn IP Days 139
6. Home Health					Medicare Inpatient Days 64,182
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-4,682,926	-2,459,558	-456,184	-206,080	Medicaid Paid Claims 108,693
9. Total Cost	311,769,174	163,746,854	30,370,789	13,719,929	Property Rate Allowance 0.80
10. Charges	\$1,516,571,818	\$1,147,443,387	\$136,848,928	79,070,032	First Semester in effect: 2013/07
11. Fixed Costs	41,088,803.00		3,707,677.13		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,532.68		138.21	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,598.70	186.22	FPLI	0.9428

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	13,719,928.94
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		13,719,928.94
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		14,163,167.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		108,693
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		130.30
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		130.30
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	130.30	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	130.30	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		79,070,032.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		727.46
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		750.96
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$130.30
AU	Medicaid Trend Adjustment IP% : 29.426 OP% : 24.150		\$31.47
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$		3.53
AW	Buy Back of Medicaid Trend Adjustment		31.47
AX	Buy Back of Exemption Tier Adjustment		3.53
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		130.30



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101648 - 2013/07

Outpatient Rate: 87.03

County Billing ONLY

Lakeland Regional Medical Center

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Polk (53)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	146,100,387	166,206,412	14,337,992	13,926,009	Total Bed Days 311,466
2. Routine	136,441,130		10,768,426		Total Inpatient Days 178,672
3. Special Care	32,255,620		5,376,562		Total Newborn Days 6,312
4. Newborn Routine	1,654,963		343,993		Medicaid Inpatient Days 18,909
5. Intern-Resident	0		0		Medicaid Newborn IP Days 139
6. Home Health					Medicare Inpatient Days 64,182
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-4,682,926	-2,459,558	-456,184	-206,080	Medicaid Paid Claims 108,693
9. Total Cost	311,769,174	163,746,854	30,370,789	13,719,929	Property Rate Allowance 0.80
10. Charges	\$1,516,571,818	\$1,147,443,387	\$136,848,928	79,070,032	First Semester in effect: 2013/07
11. Fixed Costs	41,088,803.00		3,707,677.13		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,532.68	138.21	County Ceiling Base	891.47	175.65	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	850.33	112.96	Cost Report DRI Index 2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,598.70	186.22	FPLI 0.9428

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	13,719,928.94	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			13,719,928.94
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			14,163,167.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			108,693
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			130.30
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			115.91
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			115.91
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county			186.22
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			180.23
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			180.23
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			115.91
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			115.91
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			79,070,032.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		727.46	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		750.96	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$115.91	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$28.88	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates		87.03	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101664 - 2013/07

Outpatient Rate: 94.48

Lake Wales Hospital Association

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Self Exempt

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

County: Polk (53)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	16,902,586	14,915,327	695,231	1,145,716	Total Bed Days 47,815
2. Routine	14,184,673		755,040		Total Inpatient Days 22,254
3. Special Care	2,923,273		161,044		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 1,445
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 10,374
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-500,248	-219,384	-23,700	-16,852	Medicaid Paid Claims 12,420
9. Total Cost	33,510,284	14,695,943	1,587,615	1,128,864	Property Rate Allowance 0.80
10. Charges	\$251,892,278	\$159,588,548	\$9,922,939	12,252,125	First Semester in effect: 2013/07
11. Fixed Costs	5,458,215.00		215,018.64		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,047.36		100.21	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,598.70	186.22	FPLI	0.9428

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,128,864.10
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,128,864.10
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,173,498.87
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,420
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		94.48
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		94.48
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	94.48	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	94.48	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		12,252,125.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		986.48
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,025.48
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$94.48
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$23.54
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		23.54
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		94.48



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101664 - 2013/07

Outpatient Rate: 60.43

County Billing ONLY

Lake Wales Hospital Association

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Polk (53)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	16,902,586	14,915,327	695,231	1,145,716	Total Bed Days 47,815
2. Routine	14,184,673		755,040		Total Inpatient Days 22,254
3. Special Care	2,923,273		161,044		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 1,445
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 10,374
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-500,248	-219,384	-23,700	-16,852	Medicaid Paid Claims 12,420
9. Total Cost	33,510,284	14,695,943	1,587,615	1,128,864	Property Rate Allowance 0.80
10. Charges	\$251,892,278	\$159,588,548	\$9,922,939	12,252,125	First Semester in effect: 2013/07
11. Fixed Costs	5,458,215.00		215,018.64		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,047.36	100.21	County Ceiling Base	891.47	175.65	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	792.38	78.43	Cost Report DRI Index 1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,598.70	186.22	FPLI 0.9428

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,128,864.10
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,128,864.10
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,173,498.87
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,420
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		94.48
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		80.48
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		80.48
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county		186.22
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		180.23
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	180.23	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	80.48	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	80.48	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		12,252,125.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		986.48
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,025.48
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$80.48
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$20.05
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		60.43



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101699 - 2013/07

Outpatient Rate: 124.94

Winter Haven Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Polk (53)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	66,754,742	83,032,608	5,180,788	4,212,014	Total Bed Days 192,882
2. Routine	54,712,012		3,194,253		Total Inpatient Days 73,328
3. Special Care	13,868,658		1,151,274		Total Newborn Days 4,253
4. Newborn Routine	1,977,529		899,252		Medicaid Inpatient Days 5,688
5. Intern-Resident	0		0		Medicaid Newborn IP Days 329
6. Home Health					Medicare Inpatient Days 33,326
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	0	0	0	0	Medicaid Paid Claims 34,801
9. Total Cost	137,312,941	83,032,608	10,425,567	4,212,014	Property Rate Allowance 0.80
10. Charges	\$642,145,081	\$584,447,712	\$45,835,817	27,238,131	First Semester in effect: 2013/07
11. Fixed Costs	14,225,956.00		1,015,437.69		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,712.40		132.52	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,598.70	186.22	FPLI	0.9428

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,212,014.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,212,014.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,348,088.01	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			34,801
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			124.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			124.94
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		124.94	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		124.94	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		27,238,131.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		782.68	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		807.97	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$124.94	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$31.13	
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$		9.77	
AW	Buy Back of Medicaid Trend Adjustment		31.13	
AX	Buy Back of Exemption Tier Adjustment		9.77	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		124.94	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101699 - 2013/07

Outpatient Rate: 64.93

County Billing ONLY

Winter Haven Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Polk (53)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	66,754,742	83,032,608	5,180,788	4,212,014	Total Bed Days	192,882
2. Routine	54,712,012		3,194,253		Total Inpatient Days	73,328
3. Special Care	13,868,658		1,151,274		Total Newborn Days	4,253
4. Newborn Routine	1,977,529		899,252		Medicaid Inpatient Days	5,688
5. Intern-Resident	0		0		Medicaid Newborn IP Days	329
6. Home Health					Medicare Inpatient Days	33,326
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	0	0	0	0	Medicaid Paid Claims	34,801
9. Total Cost	137,312,941	83,032,608	10,425,567	4,212,014	Property Rate Allowance	0.80
10. Charges	\$642,145,081	\$584,447,712	\$45,835,817	27,238,131	First Semester in effect:	2013/07
11. Fixed Costs	14,225,956.00		1,015,437.69		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,712.40	132.52	County Ceiling Base	891.47	175.65	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	666.72	84.27	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,598.70	186.22	FPLI	0.9428

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,212,014.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,212,014.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,348,088.01
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		34,801
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		124.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		86.47
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		86.47
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county		186.22
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		180.23
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	180.23	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	86.47	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	86.47	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		27,238,131.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		782.68
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		807.97
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$86.47
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$21.54
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		64.93



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

101702 - 2013/07

Outpatient Rate: 14.66

West Gables Rehabilitation

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,563,977	0	144,180	0	Total Bed Days	21,900
2. Routine	9,948,480		224,365		Total Inpatient Days	19,377
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	437
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,854
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-309,637	0	-6,164	0	Medicaid Paid Claims	31
9. Total Cost	18,202,820	0	362,381	0	Property Rate Allowance	0.80
10. Charges	\$37,013,675	\$0	\$743,028	0	First Semester in effect:	2013/07
11. Fixed Costs	2,265,656.00		45,481.73		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	625.75		0.00	County Ceiling Base	1,023.01	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	459.69	NA	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		31
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$19.53	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101711 - 2013/07

Outpatient Rate: 77.81

Flagler Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: St Johns (55)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	61,849,484	52,298,327	3,876,406	4,960,531	Total Bed Days	122,610
2. Routine	52,396,593		2,521,258		Total Inpatient Days	63,982
3. Special Care	14,139,766		1,682,014		Total Newborn Days	2,425
4. Newborn Routine	1,074,464		570,244		Medicaid Inpatient Days	5,302
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	35,335
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-1,727,140	-697,716	-115,399	-66,179	Medicaid Paid Claims	55,332
9. Total Cost	127,733,167	51,600,611	8,534,523	4,894,352	Property Rate Allowance	0.80
10. Charges	\$526,523,502	\$309,379,635	\$36,655,624	29,624,702	First Semester in effect:	2013/07
11. Fixed Costs	15,515,176.00		1,080,138.79		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,541.56		96.98	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,596.49	185.97	FPLI	0.9415

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,894,352.17
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,894,352.17
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,052,469.91
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		55,332
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		91.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		91.31
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9415) for St Johns county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	91.31	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	91.31	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		29,624,702.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		535.40
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		552.70
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$91.31
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$22.75
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		9.25
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		77.81



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101711 - 2013/07

Outpatient Rate: 66.65

County Billing ONLY

Flagler Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: St Johns (55)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	61,849,484	52,298,327	3,876,406	4,960,531	Total Bed Days	122,610
2. Routine	52,396,593		2,521,258		Total Inpatient Days	63,982
3. Special Care	14,139,766		1,682,014		Total Newborn Days	2,425
4. Newborn Routine	1,074,464		570,244		Medicaid Inpatient Days	5,302
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	35,335
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-1,727,140	-697,716	-115,399	-66,179	Medicaid Paid Claims	55,332
9. Total Cost	127,733,167	51,600,611	8,534,523	4,894,352	Property Rate Allowance	0.80
10. Charges	\$526,523,502	\$309,379,635	\$36,655,624	29,624,702	First Semester in effect:	2013/07
11. Fixed Costs	15,515,176.00		1,080,138.79		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,541.56	96.98	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	946.95	86.51	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,596.49	185.97	FPLI	0.9415

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,894,352.17
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,894,352.17
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,052,469.91
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		55,332
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		91.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		88.77
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		88.77
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9415) for St Johns county		185.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	185.97	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	88.77	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	88.77	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		29,624,702.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		535.40
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		552.70
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$88.77
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$22.12
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		66.65



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101737 - 2013/07

Outpatient Rate: 79.28

Jay Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Santa Rosa (57)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,219,297	4,813,659	105,347	488,242	Total Bed Days	17,934
2. Routine	3,241,658		260,280		Total Inpatient Days	2,248
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	187
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,501
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-73,834	-79,672	-6,052	-8,081	Medicaid Paid Claims	6,252
9. Total Cost	4,387,121	4,733,987	359,575	480,161	Property Rate Allowance	1.00
10. Charges	\$10,334,783	\$29,504,332	\$830,486	2,979,616	First Semester in effect:	2013/07
11. Fixed Costs	714,638.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,772.96		83.35	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,612.94	187.88	FPLI	0.9512

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	480,161.01
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		480,161.01
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		495,673.17
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		6,252
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		79.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		79.28
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9512) for Santa Rosa county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	79.28	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	79.28	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		2,979,616.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		476.59
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		491.99
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$79.28
AU	Medicaid Trend Adjustment IP% : 14.581 OP% : 10.094		\$8.00
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		8.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		79.28



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101745 - 2013/07

Outpatient Rate: 96.17

Santa Rosa Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2011-5/31/2012

Hospital Classification: Self Exempt

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Santa Rosa (57)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,198,636	19,770,317	2,385,929	3,459,437	Total Bed Days	47,214
2. Routine	10,527,612		1,505,727		Total Inpatient Days	15,765
3. Special Care	2,647,466		299,983		Total Newborn Days	1,042
4. Newborn Routine	650,551		318,408		Medicaid Inpatient Days	2,374
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,034
7. Malpractice					Prospective Inflation factor	1.0338476854
8. Adjustments	-326,558	-248,083	-56,593	-43,410	Medicaid Paid Claims	36,722
9. Total Cost	25,697,707	19,522,234	4,453,454	3,416,027	Property Rate Allowance	0.80
10. Charges	\$148,461,604	\$195,825,217	\$21,310,255	36,787,370	First Semester in effect:	2013/07
11. Fixed Costs	5,569,936.00		799,511.48		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,672.89		101.10	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,612.94	187.88	FPLI	0.9512

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,416,027.18	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			3,416,027.18
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			3,531,651.79
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			36,722
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			96.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			96.17
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9512) for Santa Rosa county			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			96.17
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			96.17
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			36,787,370.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,001.78	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,035.69	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$96.17	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$23.96	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		23.96	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		96.17	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101745 - 2013/07

Outpatient Rate: 69.51

County Billing ONLY

Santa Rosa Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2011-5/31/2012

Hospital Classification: Self Exempt

Type of Action: Amended Cost Report [2]

County: Santa Rosa (57)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,198,636	19,770,317	2,385,929	3,459,437	Total Bed Days	47,214
2. Routine	10,527,612		1,505,727		Total Inpatient Days	15,765
3. Special Care	2,647,466		299,983		Total Newborn Days	1,042
4. Newborn Routine	650,551		318,408		Medicaid Inpatient Days	2,374
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,034
7. Malpractice					Prospective Inflation factor	1.0338476854
8. Adjustments	-326,558	-248,083	-56,593	-43,410	Medicaid Paid Claims	36,722
9. Total Cost	25,697,707	19,522,234	4,453,454	3,416,027	Property Rate Allowance	0.80
10. Charges	\$148,461,604	\$195,825,217	\$21,310,255	36,787,370	First Semester in effect:	2013/07
11. Fixed Costs	5,569,936.00		799,511.48		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,672.89	101.10	County Ceiling Base	1,668.71	182.77	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	916.25	90.23	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,612.94	187.88	FPLI	0.9512

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,416,027.18
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,416,027.18
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,531,651.79
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		36,722
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		96.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		92.58
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		92.58
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9512) for Santa Rosa county		187.88
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		187.54
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	187.54	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	92.58	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	92.58	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		36,787,370.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,001.78
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,035.69
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$92.58
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$23.07
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		69.51



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

101753 - 2013/07

Outpatient Rate: 14.66

HealthSouth Rehabilitation Hospital-Largo

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,372,388	737	308,952	0	Total Bed Days	25,550
2. Routine	9,147,060		376,964		Total Inpatient Days	16,961
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	699
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,304
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-310,382	-14	-12,888	0	Medicaid Paid Claims	0
9. Total Cost	16,209,066	723	673,028	0	Property Rate Allowance	0.80
10. Charges	\$24,904,571	\$3,564	\$1,036,012	0	First Semester in effect:	2013/07
11. Fixed Costs	1,174,411.00		48,854.64		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	981.04		0.00	County Ceiling Base	944.75	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	535.33	NA	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,604.46	186.89	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101761 - 2013/07

Outpatient Rate: 133.96

Memorial Hospital

Type of Control: Government (4)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: Self Exempt

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

County: Sarasota (58)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	124,163,300	154,535,835	12,496,965	6,395,120	Total Bed Days	218,502
2. Routine	96,322,251		6,894,696		Total Inpatient Days	110,720
3. Special Care	15,368,319		1,044,446		Total Newborn Days	11,652
4. Newborn Routine	8,603,710		5,624,024		Medicaid Inpatient Days	8,651
5. Intern-Resident	0		0		Medicaid Newborn IP Days	4,803
6. Home Health					Medicare Inpatient Days	60,405
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-3,403,996	-2,151,863	-362,879	-89,050	Medicaid Paid Claims	48,596
9. Total Cost	241,053,584	152,383,972	25,697,252	6,306,070	Property Rate Allowance	0.80
10. Charges	\$920,389,773	\$919,111,828	\$82,713,774	38,368,006	First Semester in effect:	2013/07
11. Fixed Costs	33,949,588.00		3,050,988.43		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,766.59		136.19	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,667.88	194.28	FPLI	0.9836

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	6,306,069.95
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,306,069.95
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,509,794.87
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		48,596
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		133.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		133.96
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	133.96	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	133.96	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		38,368,006.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		789.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		815.04
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$133.96
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$33.38
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		33.38
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		133.96



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101761 - 2013/07

Outpatient Rate: 96.06

County Billing ONLY

Memorial Hospital

Type of Control: Government (4)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	124,163,300	154,535,835	12,496,965	6,395,120	Total Bed Days	218,502
2. Routine	96,322,251		6,894,696		Total Inpatient Days	110,720
3. Special Care	15,368,319		1,044,446		Total Newborn Days	11,652
4. Newborn Routine	8,603,710		5,624,024		Medicaid Inpatient Days	8,651
5. Intern-Resident	0		0		Medicaid Newborn IP Days	4,803
6. Home Health					Medicare Inpatient Days	60,405
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-3,403,996	-2,151,863	-362,879	-89,050	Medicaid Paid Claims	48,596
9. Total Cost	241,053,584	152,383,972	25,697,252	6,306,070	Property Rate Allowance	0.80
10. Charges	\$920,389,773	\$919,111,828	\$82,713,774	38,368,006	First Semester in effect:	2013/07
11. Fixed Costs	33,949,588.00		3,050,988.43		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,766.59	136.19	County Ceiling Base	959.19	180.91	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	776.18	124.69	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,667.88	194.28	FPLI	0.9836

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	6,306,069.95
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,306,069.95
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,509,794.87
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		48,596
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		133.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		127.94
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		127.94
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county		194.28
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	185.63	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	127.94	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	127.94	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		38,368,006.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		789.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		815.04
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$127.94
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$31.88
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		96.06



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101788 - 2013/07

Outpatient Rate: 82.72

Central Florida Regional Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2011-5/31/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Seminole (59)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	39,481,383	33,588,852	3,767,328	2,267,508	Total Bed Days 76,128
2. Routine	24,503,759		1,697,184		Total Inpatient Days 40,979
3. Special Care	8,150,144		559,005		Total Newborn Days 934
4. Newborn Routine	867,946		472,074		Medicaid Inpatient Days 3,111
5. Intern-Resident	0		0		Medicaid Newborn IP Days 40
6. Home Health					Medicare Inpatient Days 17,590
7. Malpractice					Prospective Inflation factor 1.0338476854
8. Adjustments	-1,167,868	-537,337	-103,913	-36,274	Medicaid Paid Claims 20,938
9. Total Cost	71,835,364	33,051,515	6,391,678	2,231,234	Property Rate Allowance 0.80
10. Charges	\$447,974,633	\$295,086,782	\$28,805,931	26,522,446	First Semester in effect: 2013/07
11. Fixed Costs	8,728,385.00		561,257.80		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,991.02		114.66	County Ceiling Base	942.89	174.87
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	935.66	112.49	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,629.22	189.78	FPLI	0.9608

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,231,233.58
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,231,233.58
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,306,755.67
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		20,938
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		110.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		115.42
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		110.17
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9608) for Seminole county		189.78
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		179.43
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	179.43	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	110.17	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	110.17	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		26,522,446.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,266.71
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,309.59
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$110.17
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$27.45
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		82.72



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101796 - 2013/07

Outpatient Rate: 103.64

Shands at Live Oak

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: Rural Hospital

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Suwannee (61)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	2,454,531	10,152,299	268,389	2,437,102	Total Bed Days 5,490
2. Routine	3,268,109		226,934		Total Inpatient Days 4,972
3. Special Care	0		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 379
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 3,311
7. Malpractice					Prospective Inflation factor 1.033333333
8. Adjustments	-37,726	-66,928	-3,265	-16,066	Medicaid Paid Claims 24,138
9. Total Cost	5,684,914	10,085,371	492,058	2,421,036	Property Rate Allowance 1.00
10. Charges	\$21,826,864	\$55,303,520	\$2,084,573	14,763,032	First Semester in effect: 2013/07
11. Fixed Costs	1,036,614.00		99,001.74		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,208.32		116.86	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,503.91	175.18	FPLI	0.8869

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,421,035.64
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,421,035.64
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,501,736.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		24,138
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		103.64
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		103.64
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8869) for Suwannee county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	103.64	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	103.64	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		14,763,032.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		611.61
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		632.00
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$103.64
AU	Medicaid Trend Adjustment IP% : 10.440 OP% : 8.223		\$8.52
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		8.52
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		103.64



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101800 - 2013/07

Outpatient Rate: 113.73

Doctor's Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 6/1/2011-5/31/2012

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Taylor (62)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,976,061	11,535,579	369,571	2,012,668	Total Bed Days	17,568
2. Routine	3,977,131		557,381		Total Inpatient Days	2,971
3. Special Care	2,655,676		77,809		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	523
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,396
7. Malpractice					Prospective Inflation factor	1.0338476854
8. Adjustments	-91,469	-122,566	-10,676	-21,385	Medicaid Paid Claims	18,101
9. Total Cost	8,517,399	11,413,013	994,085	1,991,283	Property Rate Allowance	1.00
10. Charges	\$11,102,836	\$48,704,009	\$2,646,654	6,202,970	First Semester in effect:	2013/07
11. Fixed Costs	2,433,042.00		579,979.78		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	829.88		115.30	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,672.63	194.83	FPLI	0.9864

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,991,283.38
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,991,283.38
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,058,683.71
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,101
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		113.73
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		113.73
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9864) for Taylor county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		113.73
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		113.73
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		6,202,970.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	342.69	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	354.29	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$113.73	
AU	Medicaid Trend Adjustment IP% : 14.581 OP% : 8.223	\$9.35	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	9.35	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	113.73	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101826 - 2013/07

Outpatient Rate: 136.63

Florida Hospital - Fish Memorial

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

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

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	31,298,127	40,077,534	2,445,052	3,064,932	Total Bed Days	50,735
2. Routine	22,721,662		1,492,344		Total Inpatient Days	36,647
3. Special Care	7,357,092		655,378		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,741
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,357
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-949,602	-620,066	-71,058	-47,420	Medicaid Paid Claims	22,958
9. Total Cost	60,427,280	39,457,469	4,521,716	3,017,512	Property Rate Allowance	0.80
10. Charges	\$245,688,345	\$221,355,546	\$17,979,253	16,214,327	First Semester in effect:	2013/07
11. Fixed Costs	15,034,230.00		1,100,191.48		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,409.09		148.37	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,561.56	181.90	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,017,512.45
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,017,512.45
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,136,823.50
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,958
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		136.63
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		136.63
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	136.63	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	136.63	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		16,214,327.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		706.26
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		734.19
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$136.63
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$34.04
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		34.04
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		136.63



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101826 - 2013/07

Outpatient Rate: 82.87

County Billing ONLY

Florida Hospital - Fish Memorial

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

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

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	31,298,127	40,077,534	2,445,052	3,064,932	Total Bed Days	50,735
2. Routine	22,721,662		1,492,344		Total Inpatient Days	36,647
3. Special Care	7,357,092		655,378		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,741
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,357
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-949,602	-620,066	-71,058	-47,420	Medicaid Paid Claims	22,958
9. Total Cost	60,427,280	39,457,469	4,521,716	3,017,512	Property Rate Allowance	0.80
10. Charges	\$245,688,345	\$221,355,546	\$17,979,253	16,214,327	First Semester in effect:	2013/07
11. Fixed Costs	15,034,230.00		1,100,191.48		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,409.09	148.37	County Ceiling Base	882.27	173.33	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,000.89	107.56	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,561.56	181.90	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,017,512.45
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,017,512.45
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,136,823.50
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,958
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		136.63
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		110.37
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		110.37
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county		181.90
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		177.85
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	177.85	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	110.37	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	110.37	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		16,214,327.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		706.26
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		734.19
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$110.37
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$27.50
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		82.87



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101834 - 2013/07

Outpatient Rate: 174.64

Bert Fish Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	20,725,675	32,556,441	1,786,789	2,815,025	Total Bed Days	40,992
2. Routine	10,616,490		485,728		Total Inpatient Days	15,843
3. Special Care	3,818,829		489,179		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,112
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,938
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-448,033	-414,845	-35,190	-35,870	Medicaid Paid Claims	16,428
9. Total Cost	34,712,961	32,141,596	2,726,506	2,779,155	Property Rate Allowance	0.80
10. Charges	\$102,084,391	\$131,313,050	\$8,641,162	12,637,147	First Semester in effect:	2013/07
11. Fixed Costs	7,064,312.00		597,974.52		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,145.72		189.64	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,561.56	181.90	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,779,155.02
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,779,155.02
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,868,938.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		16,428
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		174.64
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		174.64
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	174.64	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	174.64	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		12,637,147.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		769.24
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		794.09
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$174.64
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$43.51
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		43.51
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		174.64



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101834 - 2013/07

Outpatient Rate: 78.88

County Billing ONLY

Bert Fish Memorial Hospital

Type of Control: Government (4)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Volusia (64)
 District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	20,725,675	32,556,441	1,786,789	2,815,025	Total Bed Days	40,992
2. Routine	10,616,490		485,728		Total Inpatient Days	15,843
3. Special Care	3,818,829		489,179		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,112
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,938
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-448,033	-414,845	-35,190	-35,870	Medicaid Paid Claims	16,428
9. Total Cost	34,712,961	32,141,596	2,726,506	2,779,155	Property Rate Allowance	0.80
10. Charges	\$102,084,391	\$131,313,050	\$8,641,162	12,637,147	First Semester in effect:	2013/07
11. Fixed Costs	7,064,312.00		597,974.52		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,145.72	189.64	County Ceiling Base	882.27	173.33	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	928.67	102.38	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,561.56	181.90	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,779,155.02
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,779,155.02
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,868,938.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		16,428
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		174.64
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		105.05
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		105.05
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county		181.90
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		177.85
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	177.85	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	105.05	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	105.05	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		12,637,147.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		769.24
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		794.09
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$105.05
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$26.17
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		78.88



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101842 - 2013/07

Outpatient Rate: 181.90

Halifax Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	129,498,821	121,276,017	11,234,301	9,602,004	Total Bed Days 213,012
2. Routine	63,094,377		7,822,596		Total Inpatient Days 115,013
3. Special Care	41,605,278		3,265,291		Total Newborn Days 6,391
4. Newborn Routine	3,811,786		2,126,273		Medicaid Inpatient Days 13,479
5. Intern-Resident	0		0		Medicaid Newborn IP Days 637
6. Home Health					Medicare Inpatient Days 40,271
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-3,247,529	-1,654,749	-333,587	-131,014	Medicaid Paid Claims 53,749
9. Total Cost	234,762,733	119,621,268	24,114,874	9,470,990	Property Rate Allowance 0.80
10. Charges	\$738,185,882	\$494,574,867	\$66,327,727	34,565,768	First Semester in effect: 2013/07
11. Fixed Costs	27,796,083.00		2,497,543.03		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,716.67		197.52	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,561.56	181.90	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	9,470,989.55	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			9,470,989.55
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			9,776,960.88
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			53,749
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			181.90
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			181.90
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			181.90
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			181.90
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			34,565,768.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		643.10	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		663.88	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$181.90	
AU	Medicaid Trend Adjustment IP% : 29.426 OP% : 24.149		\$43.93	
AV	Exemption Tier Adj (AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 70%)		12.11	
AW	Buy Back of Medicaid Trend Adjustment		43.93	
AX	Buy Back of Exemption Tier Adjustment		12.11	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		181.90	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101842 - 2013/07

Outpatient Rate: 93.38

County Billing ONLY

Halifax Medical Center

Type of Control: Government (4)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Volusia (64)
 District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	129,498,821	121,276,017	11,234,301	9,602,004	Total Bed Days	213,012
2. Routine	63,094,377		7,822,596		Total Inpatient Days	115,013
3. Special Care	41,605,278		3,265,291		Total Newborn Days	6,391
4. Newborn Routine	3,811,786		2,126,273		Medicaid Inpatient Days	13,479
5. Intern-Resident	0		0		Medicaid Newborn IP Days	637
6. Home Health					Medicare Inpatient Days	40,271
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-3,247,529	-1,654,749	-333,587	-131,014	Medicaid Paid Claims	53,749
9. Total Cost	234,762,733	119,621,268	24,114,874	9,470,990	Property Rate Allowance	0.80
10. Charges	\$738,185,882	\$494,574,867	\$66,327,727	34,565,768	First Semester in effect:	2013/07
11. Fixed Costs	27,796,083.00		2,497,543.03		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,716.67	197.52	County Ceiling Base	1,076.08	173.33	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	851.43	121.20	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,561.56	181.90	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	9,470,989.55
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		9,470,989.55
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		9,776,960.88
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		53,749
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		181.90
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		124.36
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		124.36
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county		181.90
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		177.85
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	177.85	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	124.36	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	124.36	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		34,565,768.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		643.10
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		663.88
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$124.36
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$30.98
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		93.38



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101869 - 2013/07

Outpatient Rate: 85.77

Ormond Beach Memorial Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Volusia (64)
 District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	68,452,528	64,610,550	4,631,355	2,922,536	Total Bed Days	144,540
2. Routine	41,710,488		3,593,526		Total Inpatient Days	62,674
3. Special Care	13,769,795		850,442		Total Newborn Days	3,411
4. Newborn Routine	1,648,766		947,405		Medicaid Inpatient Days	5,486
5. Intern-Resident	0		0		Medicaid Newborn IP Days	400
6. Home Health					Medicare Inpatient Days	30,824
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-1,626,544	-836,842	-129,815	-37,853	Medicaid Paid Claims	22,742
9. Total Cost	123,955,033	63,773,708	9,892,913	2,884,683	Property Rate Allowance	0.80
10. Charges	\$428,588,043	\$292,446,480	\$30,744,323	15,469,017	First Semester in effect:	2013/07
11. Fixed Costs	28,347,401.00		2,033,471.69		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,507.30		143.19	County Ceiling Base	882.27	173.33
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,048.63	111.33	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,561.56	181.90	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,884,683.04
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,884,683.04
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,998,742.08
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,742
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		131.86
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		114.23
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		114.23
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county		181.90
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		177.85
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	177.85	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	114.23	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	114.23	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,469,017.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		680.20
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		707.09
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$114.23
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$28.46
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		85.77



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101877 - 2013/07

Outpatient Rate: 112.01

Memorial Hospital - West Volusia

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

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

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	26,096,849	41,121,199	3,583,769	3,239,212	Total Bed Days 56,940
2. Routine	20,487,371		2,152,424		Total Inpatient Days 31,559
3. Special Care	6,897,807		717,003		Total Newborn Days 1,814
4. Newborn Routine	925,091		684,380		Medicaid Inpatient Days 3,939
5. Intern-Resident	0		0		Medicaid Newborn IP Days 155
6. Home Health					Medicare Inpatient Days 13,238
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-760,995	-575,165	-99,834	-45,307	Medicaid Paid Claims 29,643
9. Total Cost	53,646,123	40,546,034	7,037,742	3,193,905	Property Rate Allowance 0.80
10. Charges	\$210,269,020	\$236,571,044	\$24,605,273	19,980,170	First Semester in effect: 2013/07
11. Fixed Costs	10,429,590.00		1,220,450.40		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,603.99		121.63	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,561.56	181.90	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,193,904.96
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,193,904.96
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,320,190.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		29,643
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.01
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		112.01
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	112.01	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	112.01	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		19,980,170.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		674.03
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		700.68
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$112.01
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$27.91
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		27.91
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		112.01



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101877 - 2013/07

Outpatient Rate: 69.06

County Billing ONLY

Memorial Hospital - West Volusia

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

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

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	26,096,849	41,121,199	3,583,769	3,239,212	Total Bed Days	56,940
2. Routine	20,487,371		2,152,424		Total Inpatient Days	31,559
3. Special Care	6,897,807		717,003		Total Newborn Days	1,814
4. Newborn Routine	925,091		684,380		Medicaid Inpatient Days	3,939
5. Intern-Resident	0		0		Medicaid Newborn IP Days	155
6. Home Health					Medicare Inpatient Days	13,238
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-760,995	-575,165	-99,834	-45,307	Medicaid Paid Claims	29,643
9. Total Cost	53,646,123	40,546,034	7,037,742	3,193,905	Property Rate Allowance	0.80
10. Charges	\$210,269,020	\$236,571,044	\$24,605,273	19,980,170	First Semester in effect:	2013/07
11. Fixed Costs	10,429,590.00		1,220,450.40		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,603.99	121.63	County Ceiling Base	882.27	173.33	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,145.41	89.63	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,561.56	181.90	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,193,904.96
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,193,904.96
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,320,190.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		29,643
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.01
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		91.97
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		91.97
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county		181.90
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		177.85
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	177.85	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	91.97	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	91.97	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		19,980,170.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		674.03
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		700.68
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$91.97
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$22.91
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		69.06



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

101885 - 2013/07

Outpatient Rate: 61.71

Healthmark Regional Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Walton (66)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,434,148	3,593,837	363,643	727,543	Total Bed Days	17,350
2. Routine	1,441,653		169,767		Total Inpatient Days	4,475
3. Special Care	937,281		104,702		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	535
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,690
7. Malpractice					Prospective Inflation factor	1.0532454361
8. Adjustments	0	0	0	0	Medicaid Paid Claims	12,417
9. Total Cost	4,813,082	3,593,837	638,112	727,543	Property Rate Allowance	1.00
10. Charges	\$15,649,834	\$16,621,388	\$2,067,503	3,569,857	First Semester in effect:	2012/07
11. Fixed Costs	934,003.00		123,391.34		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,135.88		69.17	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,512.72	176.21	FPLI	0.8921

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	727,543.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		727,543.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		766,281.34
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,417
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		61.71
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		61.71
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8921) for Walton county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	61.71	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	61.71	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		3,569,857.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		287.50
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		302.81
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$61.71
AU	Medicaid Trend Adjustment IP% : 12.054 OP% : 8.565		\$5.29
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		5.29
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		61.71



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101893 - 2013/07

Outpatient Rate: 86.32

Florida Hospital - Flagler

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

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

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Flagler (18)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	21,040,004	38,983,647	1,155,959	2,370,085	Total Bed Days	30,295
2. Routine	14,774,717		798,494		Total Inpatient Days	25,754
3. Special Care	5,131,848		300,685		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,509
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,519
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-691,317	-658,177	-38,074	-40,015	Medicaid Paid Claims	28,033
9. Total Cost	40,255,252	38,325,470	2,217,064	2,330,070	Property Rate Allowance	1.00
10. Charges	\$176,215,779	\$214,794,478	\$9,471,078	17,224,456	First Semester in effect:	2013/07
11. Fixed Costs	10,167,288.00		546,461.72		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,229.96		92.35	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,586.66	184.82	FPLI	0.9357

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,330,069.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,330,069.90
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,422,199.79
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		28,033
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		86.41
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		86.41
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9357) for Flagler county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	86.41	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	86.41	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		17,224,456.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		614.43
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		638.72
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$86.41
AU	Medicaid Trend Adjustment IP% : 10.440 OP% : 10.094		\$8.72
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		8.63
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		86.32



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101907 - 2013/07

Outpatient Rate: 123.12

Northwest Community Hospital

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Washington (67)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	1,412,713	11,318,654	169,671	2,040,610	Total Bed Days 9,150
2. Routine	2,385,973		189,709		Total Inpatient Days 2,287
3. Special Care	0		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 260
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 1,396
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-59,937	-178,590	-5,670	-32,198	Medicaid Paid Claims 16,524
9. Total Cost	3,738,749	11,140,064	353,710	2,008,413	Property Rate Allowance 1.00
10. Charges	\$8,713,970	\$50,041,712	\$1,051,668	8,778,192	First Semester in effect: 2013/07
11. Fixed Costs	1,251,111.00		150,993.57		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	932.75		145.41	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,463.21	170.44	FPLI	0.8629

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,008,412.50
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,008,412.50
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,073,296.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		16,524
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		125.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		125.47
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8629) for Washington county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	125.47	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	125.47	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		8,778,192.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		531.24
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		548.40
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$125.47
AU	Medicaid Trend Adjustment IP% : 10.440 OP% : 10.094		\$12.67
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		10.32
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		123.12



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

101915 - 2013/07

Outpatient Rate: 14.66

Kindred Hospital-Hollywood

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2011-8/31/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,742,440	0	41,747	0	Total Bed Days	43,188
2. Routine	16,235,560		69,869		Total Inpatient Days	26,679
3. Special Care	2,993,287		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	102
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-584,428	0	-1,865	0	Medicaid Paid Claims	0
9. Total Cost	34,386,859	0	109,751	0	Property Rate Allowance	0.80
10. Charges	\$157,594,296	\$0	\$485,014	0	First Semester in effect:	2013/07
11. Fixed Costs	3,982,218.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,087.30		0.00	County Ceiling Base	986.86	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	715.12	NA	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI	1.0820

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200			Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)		Reimbursed by Diagnosis Related Groups	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)			
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county			
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)			
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53	
AU	Medicaid Trend Adjustment	IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj			0.00
AW	Buy Back of Medicaid Trend Adjustment			0.00
AX	Buy Back of Exemption Tier Adjustment			0.00
AY	Final Prospective Rates		(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101923 - 2013/07

Outpatient Rate: 119.07

Desoto Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: DeSoto (14)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,403,013	12,306,548	2,086,326	2,516,684	Total Bed Days	17,934
2. Routine	4,367,016		891,566		Total Inpatient Days	7,371
3. Special Care	1,739,191		163,083		Total Newborn Days	1,049
4. Newborn Routine	427,305		404,091		Medicaid Inpatient Days	1,569
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	3,955
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-155,783	-160,613	-46,267	-32,845	Medicaid Paid Claims	21,535
9. Total Cost	11,780,742	12,145,935	3,498,799	2,483,839	Property Rate Allowance	1.00
10. Charges	\$39,766,742	\$60,405,530	\$7,948,443	9,105,952	First Semester in effect:	2013/07
11. Fixed Costs	3,322,958.00		664,181.70		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,765.44		112.71	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,791.33	208.66	FPLI	1.0564

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,483,838.79
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,483,838.79
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,564,082.09
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		21,535
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.07
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		119.07
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0564) for DeSoto county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	119.07	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	119.07	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		9,105,952.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		422.84
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		436.50
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$119.07
AU	Medicaid Trend Adjustment IP% : 14.581 OP% : 8.223		\$9.79
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		9.79
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		119.07



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

101931 - 2013/07

Outpatient Rate: 72.03

Memorial Hospital of Jacksonville

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Duval (16)
 District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	111,235,050	67,841,905	7,834,496	5,035,394	Total Bed Days	144,905
2. Routine	72,639,951		6,043,434		Total Inpatient Days	104,764
3. Special Care	19,896,504		1,404,847		Total Newborn Days	5,423
4. Newborn Routine	4,182,151		2,574,232		Medicaid Inpatient Days	9,034
5. Intern-Resident	0		0		Medicaid Newborn IP Days	45
6. Home Health					Medicare Inpatient Days	43,997
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-2,933,998	-957,175	-251,943	-71,044	Medicaid Paid Claims	43,843
9. Total Cost	205,019,658	66,884,730	17,605,066	4,964,350	Property Rate Allowance	0.80
10. Charges	\$1,400,819,796	\$660,768,627	\$107,312,269	52,633,691	First Semester in effect:	2013/07
11. Fixed Costs	28,609,771.00		2,191,701.92		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,780.85		118.78	County Ceiling Base	894.52	179.70
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	856.02	93.49	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,680.43	195.74	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,964,350.11	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,964,350.11	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,160,638.23	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			43,843
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			117.71
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			95.93
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			95.93
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county			195.74
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			184.39
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		184.39	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		95.93	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		95.93	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		52,633,691.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,200.50	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,247.97	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$95.93	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$23.90	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates		72.03	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

101940 - 2013/07

Outpatient Rate: 111.94

Campbellton-Graceville Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Jackson (32)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,148,070	1,933,335	27,439	267,754	Total Bed Days	9,125
2. Routine	817,007		22,352		Total Inpatient Days	821
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	29
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	705
7. Malpractice					Prospective Inflation factor	1.1622831561
8. Adjustments	-27,605	-27,160	-699	-3,761	Medicaid Paid Claims	2,741
9. Total Cost	1,937,472	1,906,175	49,092	263,993	Property Rate Allowance	1.00
10. Charges	\$4,391,266	\$4,784,993	\$105,545	591,050	First Semester in effect:	2011/01
11. Fixed Costs	244,489.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,802.55		130.89	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,450.15	168.92	FPLI	0.8552

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	263,992.58
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		263,992.58
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		306,834.13
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		2,741
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		111.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		111.94
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8552) for Jackson county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	111.94	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	111.94	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		591,050.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		215.63
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		250.62
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$111.94
AU	Medicaid Trend Adjustment IP% : 12.525 OP% : 10.094		\$11.30
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		11.30
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		111.94



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

101991 - 2013/07

Outpatient Rate: 86.83

Wiregrass Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,992,841	5,555,114	45,609	104,359	Total Bed Days	32,574
2. Routine	4,569,816		32,490		Total Inpatient Days	9,550
3. Special Care	800,254		27,036		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	97
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,738
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	0	0	0	0	Medicaid Paid Claims	630
9. Total Cost	8,362,911	5,555,114	105,135	104,359	Property Rate Allowance	0.80
10. Charges	\$13,926,750	\$16,878,191	\$180,777	282,231	First Semester in effect:	2013/07
11. Fixed Costs	1,236,310.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	770.35		171.00	County Ceiling Base	956.89	188.22
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	286.55	112.70	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,695.69	197.52	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	104,359.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		104,359.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		107,730.44
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		630
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		171.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		115.64
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		115.64
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county		197.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	193.13	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	115.64	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	115.64	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		282,231.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		447.99
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		462.46
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$115.64
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$28.81
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		86.83



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

102016 - 2013/07

Outpatient Rate: 12.85

Floral Memorial Hospital

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	413,872	1,011,330	0	18,510	Total Bed Days 8,052
2. Routine	967,396		0		Total Inpatient Days 681
3. Special Care	0		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 10
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 433
7. Malpractice					Prospective Inflation factor 1.033333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims 1,117
9. Total Cost	1,381,268	1,011,330	0	18,510	Property Rate Allowance 0.80
10. Charges	\$1,997,079	\$1,983,428	\$0	25,088	First Semester in effect: 2013/07
11. Fixed Costs	34,955.00		0.00		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,042.86		17.12	956.89	188.22	118.37
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	377.67	118.37	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,695.69	197.52	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	18,510.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		18,510.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		19,127.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		1,117
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		17.12
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		121.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		17.12
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county		197.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		17.12
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		17.12
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		22.46
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		23.21
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$17.12
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.27
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		12.85



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102024 - 2013/07

Outpatient Rate: 145.01

D.W.Mcmillan Memorial

Type of Control: Government (4)

Fiscal Year : 10/1/2003-9/30/2004

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,731,169	8,304,111	15,818	25,698	Total Bed Days	33,672
2. Routine	4,860,258		13,170		Total Inpatient Days	11,947
3. Special Care	1,861,905		1,339		Total Newborn Days	750
4. Newborn Routine	256,537		10,946		Medicaid Inpatient Days	38
5. Intern-Resident	0		0		Medicaid Newborn IP Days	3
6. Home Health					Medicare Inpatient Days	5,975
7. Malpractice					Prospective Inflation factor	1.4294562973
8. Adjustments	0	0	0	0	Medicaid Paid Claims	181
9. Total Cost	11,709,869	8,304,111	41,273	25,698	Property Rate Allowance	0.80
10. Charges	\$25,173,989	\$36,408,195	\$71,070	85,741	First Semester in effect:	2005/07
11. Fixed Costs	968,439.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,209.29		202.95	County Ceiling Base	956.89	188.22
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	630.87	197.91	Cost Report DRI Index	1.453
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,695.69	197.52	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	25,698.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		25,698.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		36,734.17
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		181
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		202.95
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		203.07
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		202.95
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county		197.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		193.13
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		193.13
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		473.71
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		677.15
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$193.13
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$48.12
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		145.01



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102041 - 2013/07

Outpatient Rate: 85.96

Archbold Memorial Hospital

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	53,617,475	62,099,032	3,628	8,865	Total Bed Days	96,360
2. Routine	27,613,431		3,776		Total Inpatient Days	56,764
3. Special Care	7,989,755		0		Total Newborn Days	1,923
4. Newborn Routine	534,157		0		Medicaid Inpatient Days	7
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	28,640
7. Malpractice					Prospective Inflation factor	1.1622831561
8. Adjustments	0	0	0	0	Medicaid Paid Claims	90
9. Total Cost	89,754,818	62,099,032	7,404	8,865	Property Rate Allowance	0.80
10. Charges	\$256,910,766	\$256,766,884	\$15,648	35,406	First Semester in effect:	2010/07
11. Fixed Costs	11,712,073.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,545.62		114.48	County Ceiling Base	956.89	188.22
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	554.70	112.66	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,695.69	197.52	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	8,865.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		8,865.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		10,303.64
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		90
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		114.48
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		115.60
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		114.48
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county		197.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		114.48
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		114.48
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		35,406.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		393.40
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		457.24
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$114.48
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$28.52
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		85.96



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

102067 - 2013/07

Outpatient Rate: 125.34

Southeast Alabama General

Type of Control: Government (4)

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	72,103,149	84,418,584	463,567	422,550	Total Bed Days	153,720
2. Routine	43,398,873		248,373		Total Inpatient Days	88,614
3. Special Care	9,927,390		0		Total Newborn Days	3,556
4. Newborn Routine	1,776,327		999		Medicaid Inpatient Days	483
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	45,042
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	0	0	0	0	Medicaid Paid Claims	2,613
9. Total Cost	127,205,739	84,418,584	712,939	422,550	Property Rate Allowance	0.80
10. Charges	\$615,948,183	\$647,107,599	\$3,684,762	2,906,860	First Semester in effect:	2013/07
11. Fixed Costs	21,039,949.00		125,866.44		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,254.74		166.93	County Ceiling Base	956.89	188.22
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,695.69	197.52	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	422,550.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		422,550.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		436,200.97
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,613
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		166.93
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		166.93
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county		197.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	193.13	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	166.93	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	166.93	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,906,860.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,112.46	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,148.40	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$166.93	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$41.59	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	125.34	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102075 - 2013/07

Outpatient Rate: 76.61

South Georgia Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	85,778,937	109,143,070	6,402,670	100,323	Total Bed Days	139,080
2. Routine	46,434,941		7,647,167		Total Inpatient Days	81,149
3. Special Care	17,203,196		1,391,978		Total Newborn Days	5,411
4. Newborn Routine	3,510,103		330,188		Medicaid Inpatient Days	12,907
5. Intern-Resident	0		0		Medicaid Newborn IP Days	126
6. Home Health					Medicare Inpatient Days	34,589
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	0	0	0	0	Medicaid Paid Claims	1,015
9. Total Cost	152,927,177	109,143,070	15,772,003	100,323	Property Rate Allowance	0.80
10. Charges	\$390,376,641	\$381,727,078	\$28,782,061	284,806	First Semester in effect:	2013/07
11. Fixed Costs	23,325,972.00		1,719,799.49		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,113.03		102.03	County Ceiling Base	956.89	188.22
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	726.86	101.89	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,695.69	197.52	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	100,323.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		100,323.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		103,564.05
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		1,015
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		102.03
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		104.55
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		102.03
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county		197.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	193.13	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	102.03	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	102.03	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		284,806.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		280.60
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		289.67
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$102.03
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$25.42
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		76.61



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102091 - 2013/07

Outpatient Rate: 67.05

Flowers Hospital

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	52,099,067	68,695,837	229,011	152,699	Total Bed Days	86,010
2. Routine	24,088,271		157,400		Total Inpatient Days	54,077
3. Special Care	8,202,161		8,996		Total Newborn Days	3,469
4. Newborn Routine	2,201,771		6,347		Medicaid Inpatient Days	317
5. Intern-Resident	0		0		Medicaid Newborn IP Days	10
6. Home Health					Medicare Inpatient Days	28,959
7. Malpractice					Prospective Inflation factor	1.0333333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims	1,767
9. Total Cost	86,591,270	68,695,837	401,754	152,699	Property Rate Allowance	0.80
10. Charges	\$546,998,715	\$646,227,233	\$2,621,316	1,422,120	First Semester in effect:	2013/07
11. Fixed Costs	12,104,595.00		58,007.39		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,086.25		89.30	County Ceiling Base	956.89	188.22
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	653.35	150.33	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,695.69	197.52	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	152,699.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		152,699.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		157,788.97
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		1,767
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		89.30
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		154.25
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		89.30
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county		197.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	193.13	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	89.30	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	89.30	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	1,422,120.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	804.82	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	831.65	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$89.30	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$22.25	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	67.05	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102105 - 2013/07

Outpatient Rate: 137.09

Palm Beach Gardens Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Self Exempt

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

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	72,992,445	39,097,276	1,704,748	845,627	Total Bed Days	72,635
2. Routine	29,578,429		755,298		Total Inpatient Days	46,789
3. Special Care	13,775,176		454,833		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,380
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	22,959
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-1,768,314	-594,230	-44,303	-12,852	Medicaid Paid Claims	6,315
9. Total Cost	114,577,736	38,503,046	2,870,576	832,775	Property Rate Allowance	0.80
10. Charges	\$612,825,408	\$270,825,234	\$16,467,498	5,571,829	First Semester in effect:	2013/07
11. Fixed Costs	10,379,879.00		278,922.24		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,904.47		133.73	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	832,774.53
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		832,774.53
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		865,702.05
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,315
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		137.09
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		137.09
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	137.09	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	137.09	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		5,571,829.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		882.32
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		917.21
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$137.09
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$34.16
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		34.16
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		137.09



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102105 - 2013/07

Outpatient Rate: 80.18

County Billing ONLY

Palm Beach Gardens Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	72,992,445	39,097,276	1,704,748	845,627	Total Bed Days 72,635
2. Routine	29,578,429		755,298		Total Inpatient Days 46,789
3. Special Care	13,775,176		454,833		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 1,380
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 22,959
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-1,768,314	-594,230	-44,303	-12,852	Medicaid Paid Claims 6,315
9. Total Cost	114,577,736	38,503,046	2,870,576	832,775	Property Rate Allowance 0.80
10. Charges	\$612,825,408	\$270,825,234	\$16,467,498	5,571,829	First Semester in effect: 2013/07
11. Fixed Costs	10,379,879.00		278,922.24		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,904.47	133.73	County Ceiling Base	1,026.08	191.82	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,227.31	104.06	Cost Report DRI Index 1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI 1.0251

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	832,774.53
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		832,774.53
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		865,702.05
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,315
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		137.09
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		106.78
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.78
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		202.48
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		196.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		196.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		106.78
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		106.78
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		5,571,829.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	882.32	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	917.21	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$106.78	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$26.60	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	80.18	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102121 - 2013/07

Outpatient Rate: 51.24

Grady General Hospital

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	3,259,064	6,214,527	0	1,644	Total Bed Days	16,790
2. Routine	2,870,107		744		Total Inpatient Days	3,958
3. Special Care	479,734		0		Total Newborn Days	444
4. Newborn Routine	506,662		0		Medicaid Inpatient Days	1
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,768
7. Malpractice					Prospective Inflation factor	1.1622831561
8. Adjustments	0	0	0	0	Medicaid Paid Claims	28
9. Total Cost	7,115,567	6,214,527	744	1,644	Property Rate Allowance	0.80
10. Charges	\$15,086,736	\$20,407,216	\$0	5,145	First Semester in effect:	2011/07
11. Fixed Costs	795,347.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,668.76		68.24	County Ceiling Base	956.89	188.22
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	533.12	68.31	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,695.69	197.52	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,644.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		1,644.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,910.79
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		28
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		68.24
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		70.09
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		68.24
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county		197.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	193.13	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	68.24	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	68.24	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		5,145.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		183.75
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		213.57
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$68.24
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$17.00
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		51.24



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102130 - 2013/07

Outpatient Rate: 109.99

Wellington Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: CHEP

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

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	46,158,050	35,595,900	5,432,419	2,868,300	Total Bed Days	57,670
2. Routine	25,369,618		4,489,292		Total Inpatient Days	43,234
3. Special Care	6,938,694		554,629		Total Newborn Days	4,337
4. Newborn Routine	2,955,168		1,221,051		Medicaid Inpatient Days	5,462
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,771
6. Home Health					Medicare Inpatient Days	9,793
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	0	0	0	0	Medicaid Paid Claims	20,354
9. Total Cost	81,421,530	35,595,900	11,697,391	2,868,300	Property Rate Allowance	0.80
10. Charges	\$377,198,518	\$221,738,194	\$49,826,229	17,218,701	First Semester in effect:	2013/07
11. Fixed Costs	13,703,027.00		1,810,108.28		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,386.23		142.90	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,868,300.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			2,868,300.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			2,981,711.26
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			20,354
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			146.49
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			146.49
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			146.49
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			146.49
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		17,218,701.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		845.96	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		879.41	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$146.49	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$36.50	
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU * 66\%} \right]$		8.11	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		8.11	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		109.99	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102130 - 2013/07

Outpatient Rate: 86.01

County Billing ONLY

Wellington Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	46,158,050	35,595,900	5,432,419	2,868,300	Total Bed Days	57,670
2. Routine	25,369,618		4,489,292		Total Inpatient Days	43,234
3. Special Care	6,938,694		554,629		Total Newborn Days	4,337
4. Newborn Routine	2,955,168		1,221,051		Medicaid Inpatient Days	5,462
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,771
6. Home Health					Medicare Inpatient Days	9,793
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	0	0	0	0	Medicaid Paid Claims	20,354
9. Total Cost	81,421,530	35,595,900	11,697,391	2,868,300	Property Rate Allowance	0.80
10. Charges	\$377,198,518	\$221,738,194	\$49,826,229	17,218,701	First Semester in effect:	2013/07
11. Fixed Costs	13,703,027.00		1,810,108.28		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,386.23	142.90	County Ceiling Base	1,026.08	191.82	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	949.14	111.64	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,868,300.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,868,300.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,981,711.26
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		20,354
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		146.49
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		114.55
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		114.55
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		202.48
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		196.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	196.82	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	114.55	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	114.55	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		17,218,701.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		845.96
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		879.41
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$114.55
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$28.54
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		86.01



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

102164 - 2013/07

Outpatient Rate: 14.66

Mizell Memorial Hospital

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

Fiscal Year : 10/1/1991-9/30/1992

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,230,788	1,378,151	116,970	0	Total Bed Days	36,234
2. Routine	1,912,181		71,237		Total Inpatient Days	8,627
3. Special Care	450,573		15,423		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	274
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health	0				Medicare Inpatient Days	5,763
7. Malpractice					Prospective Inflation factor	2.0979797980
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	4,593,542	1,378,151	203,630	0	Property Rate Allowance	0.80
10. Charges	\$8,234,531	\$3,939,741	\$375,492	0	First Semester in effect:	1994/01
11. Fixed Costs	737,605.00		33,634.55		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,301.63		0.00	County Ceiling Base	956.89	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	566.58	NA	Cost Report DRI Index	0.990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,695.69	197.52	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66

Cost Report: First entered into system: 11/3/1993 Last Updated: 11/22/1993



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102199 - 2013/07

Outpatient Rate: 72.28

Citrus Memorial Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Citrus (9)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	51,595,667	45,636,855	2,484,458	2,566,617	Total Bed Days	72,468
2. Routine	28,853,656		1,624,189		Total Inpatient Days	43,263
3. Special Care	8,354,898		582,215		Total Newborn Days	1,017
4. Newborn Routine	680,564		433,635		Medicaid Inpatient Days	3,120
5. Intern-Resident	0		0		Medicaid Newborn IP Days	16
6. Home Health					Medicare Inpatient Days	24,721
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-1,898,197	-968,073	-108,703	-54,444	Medicaid Paid Claims	35,880
9. Total Cost	87,586,588	44,668,782	5,015,794	2,512,173	Property Rate Allowance	0.80
10. Charges	\$387,669,937	\$278,074,420	\$21,174,429	13,122,462	First Semester in effect:	2013/07
11. Fixed Costs	12,104,333.00		661,135.45		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,612.99		81.33	County Ceiling Base	1,464.92	167.28
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	907.57	85.20	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,506.96	175.54	FPLI	0.8887

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,512,172.60
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,512,172.60
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,593,331.26
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		35,880
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		72.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		87.42
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		72.28
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8887) for Citrus county		175.54
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		171.64
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	171.64	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	72.28	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	72.28	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		13,122,462.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		365.73
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		377.55
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$72.28
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$18.01
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		18.01
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		72.28



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102202 - 2013/07

Outpatient Rate: 58.85

Cleveland Clinic Hospital-Weston

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

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	58,780,377	54,249,535	599,633	244,213	Total Bed Days	56,575
2. Routine	39,160,647		486,720		Total Inpatient Days	43,764
3. Special Care	11,532,981		97,752		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	554
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,574
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-1,725,193	-854,914	-18,660	-3,849	Medicaid Paid Claims	3,188
9. Total Cost	107,748,812	53,394,621	1,165,445	240,364	Property Rate Allowance	0.80
10. Charges	\$429,698,416	\$346,225,728	\$4,427,893	1,106,195	First Semester in effect:	2013/07
11. Fixed Costs	8,407,797.00		86,639.43		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,870.89		72.44	County Ceiling Base	986.86	202.85
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	240,364.47
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		240,364.47
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		249,868.37
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,188
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		78.38
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		78.38
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		208.14
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		208.14
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		78.38
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		78.38
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		1,106,195.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	346.99	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	360.71	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$78.38	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$19.53	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	58.85	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102229 - 2013/07

Outpatient Rate: 175.66

Pembroke Pines Hospital

Type of Control: Government (4)

Fiscal Year : 5/1/2011-4/30/2012

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	28,950,562	55,200,249	2,296,336	3,740,344	Total Bed Days	110,166
2. Routine	25,111,199		1,586,020		Total Inpatient Days	25,800
3. Special Care	9,461,014		831,431		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,144
5. Intern-Resident	630,002		39,789		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,146
7. Malpractice					Prospective Inflation factor	1.0343625498
8. Adjustments	-721,509	-620,823	-53,462	-42,067	Medicaid Paid Claims	21,777
9. Total Cost	63,431,268	54,579,426	4,700,114	3,698,277	Property Rate Allowance	0.80
10. Charges	\$293,784,260	\$369,120,267	\$24,586,281	19,238,427	First Semester in effect:	2013/07
11. Fixed Costs	15,215,578.00		1,273,364.60		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,527.93		162.35	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,698,277.34
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,698,277.34
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,825,359.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		21,777
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		175.66
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		175.66
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	175.66	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	175.66	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		19,238,427.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		883.43
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		913.79
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$175.66
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$43.77
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU * 70\%} \right]$		15.90
AW	Buy Back of Medicaid Trend Adjustment		43.77
AX	Buy Back of Exemption Tier Adjustment		15.90
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		175.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102229 - 2013/07

Outpatient Rate: 77.49

County Billing ONLY

Pembroke Pines Hospital

Type of Control: Government (4)

Fiscal Year : 5/1/2011-4/30/2012

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	28,950,562	55,200,249	2,296,336	3,740,344	Total Bed Days	110,166
2. Routine	25,111,199		1,586,020		Total Inpatient Days	25,800
3. Special Care	9,461,014		831,431		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,144
5. Intern-Resident	630,002		39,789		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,146
7. Malpractice					Prospective Inflation factor	1.0343625498
8. Adjustments	-721,509	-620,823	-53,462	-42,067	Medicaid Paid Claims	21,777
9. Total Cost	63,431,268	54,579,426	4,700,114	3,698,277	Property Rate Allowance	0.80
10. Charges	\$293,784,260	\$369,120,267	\$24,586,281	19,238,427	First Semester in effect:	2013/07
11. Fixed Costs	15,215,578.00		1,273,364.60		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,527.93	162.35	County Ceiling Base	986.86	202.85	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	963.09	100.58	Cost Report DRI Index	2.008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,698,277.34
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,698,277.34
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,825,359.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		21,777
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		175.66
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		103.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		103.20
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		208.14
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		208.14
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		103.20
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		103.20
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	19,238,427.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	883.43	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	913.79	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$103.20	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$25.71	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	77.49	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102261 - 2013/07

Outpatient Rate: 145.15

Homestead Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	42,701,150	75,926,390	15,175,403	10,089,976	Total Bed Days	51,972
2. Routine	47,961,298		10,190,539		Total Inpatient Days	33,018
3. Special Care	16,214,546		792,133		Total Newborn Days	4,515
4. Newborn Routine	3,183,167		2,268,049		Medicaid Inpatient Days	7,711
5. Intern-Resident	773,938		151,601		Medicaid Newborn IP Days	1,214
6. Home Health					Medicare Inpatient Days	5,836
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-1,091,990	-748,062	-281,561	-99,411	Medicaid Paid Claims	53,350
9. Total Cost	109,742,109	75,178,328	28,296,164	9,990,565	Property Rate Allowance	0.80
10. Charges	\$406,007,459	\$367,932,539	\$80,241,102	44,229,878	First Semester in effect:	2013/07
11. Fixed Costs	23,847,068.00		4,713,004.58		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,264.25		160.46	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	9,990,564.82
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		9,990,564.82
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		10,313,321.64
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		53,350
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		193.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		193.31
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	193.31	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	193.31	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		44,229,878.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		829.05
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		855.83
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$193.31
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$48.16
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		145.15



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102261 - 2013/07

Outpatient Rate: 145.15

County Billing ONLY

Homestead Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	42,701,150	75,926,390	15,175,403	10,089,976	Total Bed Days	51,972
2. Routine	47,961,298		10,190,539		Total Inpatient Days	33,018
3. Special Care	16,214,546		792,133		Total Newborn Days	4,515
4. Newborn Routine	3,183,167		2,268,049		Medicaid Inpatient Days	7,711
5. Intern-Resident	773,938		151,601		Medicaid Newborn IP Days	1,214
6. Home Health					Medicare Inpatient Days	5,836
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-1,091,990	-748,062	-281,561	-99,411	Medicaid Paid Claims	53,350
9. Total Cost	109,742,109	75,178,328	28,296,164	9,990,565	Property Rate Allowance	0.80
10. Charges	\$406,007,459	\$367,932,539	\$80,241,102	44,229,878	First Semester in effect:	2013/07
11. Fixed Costs	23,847,068.00		4,713,004.58		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,264.25	160.46	County Ceiling Base	1,023.01	217.38	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	2,263.84	213.17	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	9,990,564.82
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		9,990,564.82
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		10,313,321.64
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		53,350
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		193.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		218.73
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		193.31
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		237.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	223.05	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	193.31	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	193.31	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		44,229,878.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		829.05
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		855.83
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$193.31
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$48.16
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		145.15



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102288 - 2013/07

Outpatient Rate: 86.52

Heart Of Florida Hospital

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: Special

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Polk (53)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	40,169,459	28,286,740	4,248,073	2,442,850	Total Bed Days 71,004
2. Routine	21,575,930		2,400,920		Total Inpatient Days 41,656
3. Special Care	5,751,054		284,442		Total Newborn Days 2,661
4. Newborn Routine	386,078		0		Medicaid Inpatient Days 4,545
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 16,064
7. Malpractice					Prospective Inflation factor 1.033333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims 29,177
9. Total Cost	67,882,521	28,286,740	6,933,435	2,442,850	Property Rate Allowance 0.80
10. Charges	\$654,908,795	\$356,698,533	\$61,224,326	33,783,042	First Semester in effect: 2013/07
11. Fixed Costs	8,264,949.00		772,650.99		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,485.67		91.77	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,598.70	186.22	FPLI	0.9428

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,442,850.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,442,850.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,524,278.33
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		29,177
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		86.52
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		86.52
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	86.52	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	86.52	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		33,783,042.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,157.87
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,196.47
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$86.52
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$21.56
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU * 66\%} \right]$		2.77
AW	Buy Back of Medicaid Trend Adjustment		21.56
AX	Buy Back of Exemption Tier Adjustment		2.77
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		86.52



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102288 - 2013/07

Outpatient Rate: 56.76

County Billing ONLY

Heart Of Florida Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2011-6/30/2012
 Hospital Classification: Special

Type of Action: Amended Cost Report [2]

County: Polk (53)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	40,169,459	28,286,740	4,248,073	2,442,850	Total Bed Days 71,004
2. Routine	21,575,930		2,400,920		Total Inpatient Days 41,656
3. Special Care	5,751,054		284,442		Total Newborn Days 2,661
4. Newborn Routine	386,078		0		Medicaid Inpatient Days 4,545
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 16,064
7. Malpractice					Prospective Inflation factor 1.033333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims 29,177
9. Total Cost	67,882,521	28,286,740	6,933,435	2,442,850	Property Rate Allowance 0.80
10. Charges	\$654,908,795	\$356,698,533	\$61,224,326	33,783,042	First Semester in effect: 2013/07
11. Fixed Costs	8,264,949.00		772,650.99		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,485.67	91.77	County Ceiling Base	891.47	175.65	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	677.23	73.68	Cost Report DRI Index 2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,598.70	186.22	FPLI 0.9428

Rate Calculations		
Rates are based on Medicaid Costs		
		Inpatient Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups 2,442,850.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,442,850.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,524,278.33
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	29,177
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	86.52
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	75.60
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	75.60
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	186.22
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	180.23
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	180.23
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	75.60
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	75.60
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	33,783,042.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,157.87
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,196.47
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$75.60
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$18.84
AV	Exemption Tier Adj	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00
AY	Final Prospective Rates	56.76



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

102300 - 2013/07

Outpatient Rate: 14.66

Kindred Hospital Central Tampa

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2011-8/31/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,500,806	12,513	275	0	Total Bed Days	37,332
2. Routine	12,060,584		2,366		Total Inpatient Days	16,981
3. Special Care	2,621,635		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,097
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-421,426	-194	-41	0	Medicaid Paid Claims	0
9. Total Cost	26,761,599	12,319	2,600	0	Property Rate Allowance	0.80
10. Charges	\$94,085,386	\$91,320	\$7,515	0	First Semester in effect:	2013/07
11. Fixed Costs	5,891,329.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,357.09		0.00	County Ceiling Base	946.71	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	756.47	NA	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,585.30	184.66	FPLI	0.9349

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102326 - 2013/07

Outpatient Rate: 64.98

Baptist Hospital Of Beaches

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: General

Type of Action: Amended Cost Report [2]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	27,809,271	35,658,426	1,900,293	1,684,672	Total Bed Days	49,776
2. Routine	29,686,830		1,377,332		Total Inpatient Days	30,047
3. Special Care	0		0		Total Newborn Days	2,452
4. Newborn Routine	509,251		131,883		Medicaid Inpatient Days	1,596
5. Intern-Resident	0		0		Medicaid Newborn IP Days	5
6. Home Health					Medicare Inpatient Days	13,792
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-756,305	-464,934	-44,455	-21,966	Medicaid Paid Claims	15,383
9. Total Cost	57,249,047	35,193,492	3,365,053	1,662,706	Property Rate Allowance	0.80
10. Charges	\$226,195,778	\$229,600,336	\$11,779,092	9,882,069	First Semester in effect:	2013/07
11. Fixed Costs	7,590,946.00		395,296.73		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,932.25		112.59	County Ceiling Base	894.52	179.70
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,041.03	84.34	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,680.43	195.74	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,662,706.34	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			1,662,706.34
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			1,716,422.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			15,383
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			111.58
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			86.54
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			86.54
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county			195.74
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			184.39
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			184.39
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			86.54
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			86.54
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			9,882,069.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		642.40	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		663.15	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$86.54	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$21.56	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates		64.98	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

102334 - 2013/07

Outpatient Rate: 40.91

Atmore Community Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,509,870	6,277,734	41,002	46,188	Total Bed Days	17,934
2. Routine	3,227,723		64,210		Total Inpatient Days	5,058
3. Special Care	1,134,618		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	82
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	0	0	0	0	Medicaid Paid Claims	875
9. Total Cost	6,872,211	6,277,734	105,212	46,188	Property Rate Allowance	0.80
10. Charges	\$30,132,647	\$53,790,432	\$450,827	363,467	First Semester in effect:	2013/07
11. Fixed Costs	729,538.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,253.68		54.49	County Ceiling Base	956.89	188.22
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	630.57	61.56	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,695.69	197.52	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	46,188.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		46,188.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		47,680.16
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		875
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		54.49
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		63.17
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		54.49
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county		197.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		54.49
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		54.49
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		363,467.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	415.39	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	428.81	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$54.49	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$13.58	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	40.91	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102342 - 2013/07

Outpatient Rate: 14.66

Kindred Hospital (Tampa)

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2011-8/31/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,558,747	0	111,788	0	Total Bed Days	26,718
2. Routine	8,487,638		112,830		Total Inpatient Days	13,263
3. Special Care	1,820,437		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	160
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-347,421	0	-3,740	0	Medicaid Paid Claims	0
9. Total Cost	20,519,401	0	220,878	0	Property Rate Allowance	0.80
10. Charges	\$84,951,668	\$0	\$655,527	0	First Semester in effect:	2013/07
11. Fixed Costs	3,449,715.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,421.10		0.00	County Ceiling Base	946.71	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	688.52	NA	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,585.30	184.66	FPLI	0.9349

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102369 - 2013/07

Outpatient Rate: 86.53

Smith Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)
 District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,143,394	19,249,378	431,785	9,553	Total Bed Days	14,965
2. Routine	3,398,264		240,109		Total Inpatient Days	9,050
3. Special Care	2,165,046		96,458		Total Newborn Days	1,217
4. Newborn Routine	1,143,483		43,221		Medicaid Inpatient Days	633
5. Intern-Resident	0		0		Medicaid Newborn IP Days	2
6. Home Health					Medicare Inpatient Days	4,793
7. Malpractice					Prospective Inflation factor	1.0977801268
8. Adjustments	0	0	0	0	Medicaid Paid Claims	91
9. Total Cost	18,850,187	19,249,378	811,573	9,553	Property Rate Allowance	0.80
10. Charges	\$64,559,751	\$84,883,770	\$2,569,975	27,503	First Semester in effect:	2012/07
11. Fixed Costs	3,958,704.00		157,586.89		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,130.60	115.24	County Ceiling Base	956.89	188.22	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	407.27	115.35	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,695.69	197.52	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	9,553.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		9,553.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		10,487.09
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		91
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		115.24
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		118.36
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		115.24
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county		197.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	193.13	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	115.24	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	115.24	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		27,503.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		302.23
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		331.78
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$115.24
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$28.71
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		86.53



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102407 - 2013/07

Outpatient Rate: 14.66

St. John'S Rehabilitation Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,216,415	279,203	185,352	0	Total Bed Days	9,516
2. Routine	6,199,923		400,262		Total Inpatient Days	7,466
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	482
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,970
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-169,449	-4,144	-8,692	0	Medicaid Paid Claims	0
9. Total Cost	11,246,889	275,059	576,922	0	Property Rate Allowance	0.80
10. Charges	\$23,969,569	\$690,302	\$426,012	0	First Semester in effect:	2013/07
11. Fixed Costs	960,868.00		17,077.54		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,108.16		0.00	County Ceiling Base	986.86	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	698.80	NA	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102474 - 2013/07

Outpatient Rate: 14.66

South Baldwin Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/1994-9/30/1995

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,868,885	5,636,580	241,995	0	Total Bed Days	31,390
2. Routine	5,107,846		225,019		Total Inpatient Days	17,535
3. Special Care	1,254,569		20,300		Total Newborn Days	727
4. Newborn Routine	134,013		9,464		Medicaid Inpatient Days	799
5. Intern-Resident	0		0		Medicaid Newborn IP Days	10
6. Home Health	0				Medicare Inpatient Days	10,561
7. Malpractice					Prospective Inflation factor	1.9267161410
8. Adjustments	0	0	0	0	Medicaid Paid Claims	20
9. Total Cost	12,365,313	5,636,580	496,778	0	Property Rate Allowance	0.80
10. Charges	\$20,516,190	\$13,901,052	\$847,097	0	First Semester in effect:	1996/07
11. Fixed Costs	847,729.00		35,002.05		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,099.77		0.00	County Ceiling Base	956.89	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	738.98	NA	Cost Report DRI Index	1.078
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,695.69	197.52	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		20
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66

Cost Report: First entered into system: 5/6/1996 Last Updated: 6/12/1996



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102521 - 2013/07

Outpatient Rate: 227.00

Memorial Hosp. - West

Type of Control: Government (4)

Fiscal Year : 5/1/2011-4/30/2012

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	108,888,079	125,274,423	13,537,405	12,184,859	Total Bed Days	123,424
2. Routine	70,132,926		7,187,822		Total Inpatient Days	88,702
3. Special Care	15,206,976		1,955,307		Total Newborn Days	13,850
4. Newborn Routine	5,831,592		807,101		Medicaid Inpatient Days	10,164
5. Intern-Resident	1,486,188		152,278		Medicaid Newborn IP Days	1,576
6. Home Health					Medicare Inpatient Days	21,425
7. Malpractice					Prospective Inflation factor	1.0343625498
8. Adjustments	-3,161,193	-1,964,897	-370,786	-191,116	Medicaid Paid Claims	54,652
9. Total Cost	198,384,568	123,309,526	23,269,127	11,993,743	Property Rate Allowance	0.80
10. Charges	\$1,038,151,593	\$939,077,224	\$122,769,979	70,372,968	First Semester in effect:	2013/07
11. Fixed Costs	38,230,094.00		4,521,023.59		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,526.64		209.80	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	11,993,742.64
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		11,993,742.64
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		12,405,878.22
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		54,652
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		227.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		227.00
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	227.00	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	227.00	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	70,372,968.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,287.66	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,331.91	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$227.00	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$56.56	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	56.56	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	227.00	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102521 - 2013/07

Outpatient Rate: 94.15

County Billing ONLY

Memorial Hosp. - West

Type of Control: Government (4)

Fiscal Year : 5/1/2011-4/30/2012

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	108,888,079	125,274,423	13,537,405	12,184,859	Total Bed Days 123,424
2. Routine	70,132,926		7,187,822		Total Inpatient Days 88,702
3. Special Care	15,206,976		1,955,307		Total Newborn Days 13,850
4. Newborn Routine	5,831,592		807,101		Medicaid Inpatient Days 10,164
5. Intern-Resident	1,486,188		152,278		Medicaid Newborn IP Days 1,576
6. Home Health					Medicare Inpatient Days 21,425
7. Malpractice					Prospective Inflation factor 1.0343625498
8. Adjustments	-3,161,193	-1,964,897	-370,786	-191,116	Medicaid Paid Claims 54,652
9. Total Cost	198,384,568	123,309,526	23,269,127	11,993,743	Property Rate Allowance 0.80
10. Charges	\$1,038,151,593	\$939,077,224	\$122,769,979	70,372,968	First Semester in effect: 2013/07
11. Fixed Costs	38,230,094.00		4,521,023.59		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,526.64	209.80	County Ceiling Base	986.86	202.85	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,040.42	122.20	Cost Report DRI Index 2.008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI 1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	11,993,742.64
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		11,993,742.64
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		12,405,878.22
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		54,652
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		227.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		125.39
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		125.39
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		208.14
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	208.14	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	125.39	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	125.39	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	70,372,968.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,287.66	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,331.91	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$125.39	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$31.24	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	94.15	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

102539 - 2013/07

Outpatient Rate: 47.63

Englewood Community Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,912,254	14,279,123	362,824	774,379	Total Bed Days	36,500
2. Routine	10,387,119		274,302		Total Inpatient Days	11,364
3. Special Care	2,097,024		107,590		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	349
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,563
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-290,152	-177,084	-9,236	-9,604	Medicaid Paid Claims	5,862
9. Total Cost	23,106,245	14,102,039	735,480	764,775	Property Rate Allowance	0.80
10. Charges	\$139,456,656	\$127,918,894	\$4,135,700	7,617,436	First Semester in effect:	2013/07
11. Fixed Costs	3,139,596.00		93,107.26		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,945.29	137.88	County Ceiling Base	959.19	180.91	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	819.58	61.83	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,667.88	194.28	FPLI	0.9836

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	764,775.48
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		764,775.48
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		795,014.35
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,862
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		135.62
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		63.44
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		63.44
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county		194.28
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	185.63	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	63.44	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	63.44	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	7,617,436.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,299.46	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,350.84	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$63.44	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$15.81	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	47.63	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102555 - 2013/07

Outpatient Rate: 56.76

Southeast Georgia Medical Center

Type of Control: Government (4)

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	58,033,527	51,461,127	4,164,305	7,564	Total Bed Days	115,340
2. Routine	29,189,214		2,523,270		Total Inpatient Days	56,205
3. Special Care	7,315,996		469,750		Total Newborn Days	3,372
4. Newborn Routine	2,153,977		206,326		Medicaid Inpatient Days	4,978
5. Intern-Resident	0		0		Medicaid Newborn IP Days	323
6. Home Health					Medicare Inpatient Days	25,575
7. Malpractice					Prospective Inflation factor	1.1294181620
8. Adjustments	0	0	0	0	Medicaid Paid Claims	113
9. Total Cost	96,692,714	51,461,127	7,363,651	7,564	Property Rate Allowance	0.80
10. Charges	\$268,135,034	\$205,214,093	\$20,742,601	26,511	First Semester in effect:	2011/01
11. Fixed Costs	13,138,604.00		1,016,386.47		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,352.33		75.60	County Ceiling Base	956.89	188.22
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	759.02	75.43	Cost Report DRI Index	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,695.69	197.52	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	7,564.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		7,564.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		8,542.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		113
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		75.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		77.40
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		75.60
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county		197.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	193.13	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	75.60	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	75.60	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		26,511.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		234.61
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		264.97
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$75.60
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$18.84
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		56.76



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102598 - 2013/07

Outpatient Rate: 90.00

Edward White Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	18,384,221	13,508,792	1,045,413	445,693	Total Bed Days	40,150
2. Routine	8,998,912		629,229		Total Inpatient Days	14,291
3. Special Care	3,432,097		265,245		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,044
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,942
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-464,605	-203,674	-29,248	-6,720	Medicaid Paid Claims	3,807
9. Total Cost	30,350,626	13,305,119	1,910,639	438,973	Property Rate Allowance	0.80
10. Charges	\$212,930,136	\$117,804,213	\$11,506,339	5,899,531	First Semester in effect:	2013/07
11. Fixed Costs	4,307,828.00		232,786.82		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,765.67	126.69	County Ceiling Base	944.75	176.95	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,017.37	119.81	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,604.46	186.89	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	438,973.24
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		438,973.24
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		456,330.04
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,807
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.87
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		122.94
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		119.87
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		186.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	181.57	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	119.87	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	119.87	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		5,899,531.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,549.65
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,610.92
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$119.87
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$29.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		90.00



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

102601 - 2013/07

Outpatient Rate: 113.78

Florida Hospital Wauchula

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

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

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hardee (25)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	2,791,487	8,599,161	31,444	1,823,231	Total Bed Days 9,125
2. Routine	488,541		175,121		Total Inpatient Days 1,768
3. Special Care	0		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 39
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 709
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-64,275	-168,509	-4,048	-35,728	Medicaid Paid Claims 16,331
9. Total Cost	3,215,753	8,430,652	202,517	1,787,503	Property Rate Allowance 1.00
10. Charges	\$23,394,398	\$47,331,934	\$220,681	11,231,590	First Semester in effect: 2013/07
11. Fixed Costs	796,196.00		0.00		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,453.60		116.26	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,659.57	193.31	FPLI	0.9787

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,787,503.06
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		1,787,503.06
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,858,180.11
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		16,331
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		113.78
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		113.78
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9787) for Hardee county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		113.78
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		113.78
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		687.75
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		714.94
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$113.78
AU	Medicaid Trend Adjustment IP% : 10.440 OP% : 8.223		\$9.36
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		9.36
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		113.78



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102610 - 2013/07

Outpatient Rate: 14.66

A.G. Holley State Hospital

Type of Control: Government (4)

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

Hospital Classification: Specialized: Tuberculosis

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	945,639	0	170,892	0	Total Bed Days	36,500
2. Routine	9,929,562		1,794,440		Total Inpatient Days	12,622
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,281
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	587
7. Malpractice					Prospective Inflation factor	1.1184706516
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	10,875,201	0	1,965,332	0	Property Rate Allowance	0.80
10. Charges	\$10,875,201	\$0	\$1,965,332	0	First Semester in effect:	2011/07
11. Fixed Costs	318,102.00		57,486.39		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	912.59		0.00	County Ceiling Base	Exempt	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	NA	Cost Report DRI Index	1.857
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX) and Statewide Lowest Calculated Rate		14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102610 - 2013/07

Outpatient Rate: 14.66

County Billing ONLY

A.G. Holley State Hospital

Type of Control: Government (4)

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

Hospital Classification: Specialized: Tuberculosis

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	945,639	0	170,892	0	Total Bed Days	36,500
2. Routine	9,929,562		1,794,440		Total Inpatient Days	12,622
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,281
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	587
7. Malpractice					Prospective Inflation factor	1.1184706516
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	10,875,201	0	1,965,332	0	Property Rate Allowance	0.80
10. Charges	\$10,875,201	\$0	\$1,965,332	0	First Semester in effect:	2011/07
11. Fixed Costs	318,102.00		57,486.39		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	912.59	0.00	County Ceiling Base	Exempt	NA	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	590.93	NA	Cost Report DRI Index	1.857
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

102679 - 2013/07

Outpatient Rate: 14.66

Kindred Hosp. - North Fla

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2011-8/31/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Clay (10)
 District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	14,604,559	12,932	12,567	148	Total Bed Days	29,280
2. Routine	12,408,220		14,442		Total Inpatient Days	20,180
3. Special Care	2,359,988		4,417		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	25
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,767
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-571,367	-252	-611	-3	Medicaid Paid Claims	0
9. Total Cost	28,801,400	12,680	30,815	145	Property Rate Allowance	0.80
10. Charges	\$124,473,220	\$113,951	\$135,074	752	First Semester in effect:	2013/07
11. Fixed Costs	5,883,239.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,284.24		0.00	County Ceiling Base	886.58	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	605.82	NA	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,548.00	180.32	FPLI	0.9129

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	145.12
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		145.12
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		149.81
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9129) for Clay county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		752.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102687 - 2013/07

Outpatient Rate: 14.66

HealthSouth Rehab - Dothan

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)
 District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,556,929	144,814	0	0	Total Bed Days	14,235
2. Routine	5,518,703		0		Total Inpatient Days	13,029
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	0
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,347
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	10,075,632	144,814	0	0	Property Rate Allowance	0.80
10. Charges	\$19,444,900	\$617,043	\$0	0	First Semester in effect:	2013/07
11. Fixed Costs	861,970.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	735.13		0.00	County Ceiling Base	956.89	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	560.22	NA	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,695.69	197.52	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200			Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)		Reimbursed by Diagnosis Related Groups	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)			
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county			
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)			
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)			\$19.53
AU	Medicaid Trend Adjustment	IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj			0.00
AW	Buy Back of Medicaid Trend Adjustment			0.00
AX	Buy Back of Exemption Tier Adjustment			0.00
AY	Final Prospective Rates		(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

102709 - 2013/07

Outpatient Rate: 126.82

HealthSouth Rehabilitation Hospital - Miami

Type of Control: Proprietary(1)
 Fiscal Year : 5/31/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,138,523	218,734	165,275	6,147	Total Bed Days	12,900
2. Routine	5,472,616		211,079		Total Inpatient Days	8,401
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	327
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,761
7. Malpractice					Prospective Inflation factor	1.0359102244
8. Adjustments	-178,634	-4,065	-6,995	-114	Medicaid Paid Claims	37
9. Total Cost	9,432,505	214,669	369,359	6,033	Property Rate Allowance	0.80
10. Charges	\$14,439,231	\$767,871	\$589,986	12,400	First Semester in effect:	2013/07
11. Fixed Costs	989,291.00		40,422.36		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	864.99		140.20	County Ceiling Base	1,023.01	217.38
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	468.18	Exempt	Cost Report DRI Index	2.005
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	6,032.75
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,032.75
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,249.39
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		37
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		168.90
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		168.90
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		237.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		223.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		168.90
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		168.90
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		335.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		347.17
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$168.90
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$42.08
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		126.82



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

102717 - 2013/07

Outpatient Rate: 44.01

Brooks Rehabilitation Hospital

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

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	27,748,317	7,305,140	1,006,117	1,449,187	Total Bed Days	57,305
2. Routine	28,966,082		1,376,167		Total Inpatient Days	45,275
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,151
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	28,818
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-1,097,553	-141,371	-46,103	-28,045	Medicaid Paid Claims	25,207
9. Total Cost	55,616,846	7,163,769	2,336,181	1,421,142	Property Rate Allowance	0.80
10. Charges	\$129,701,664	\$34,137,270	\$5,959,315	3,587,190	First Semester in effect:	2013/07
11. Fixed Costs	6,228,210.00		286,163.37		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	999.74		59.14	County Ceiling Base	894.52	179.70
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	708.04	67.64	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,680.43	195.74	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,421,141.93
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,421,141.93
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,477,333.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		25,207
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		58.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		69.40
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		58.61
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county		195.74
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		184.39
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	184.39	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	58.61	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	58.61	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		3,587,190.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		142.31
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		147.94
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$58.61
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$14.60
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		44.01



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

102750 - 2013/07

Outpatient Rate: 44.32

Healthsouth Emerald Coast Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Bay (3)
 District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	7,992,955	608,094	225,874	81,688	Total Bed Days 27,375
2. Routine	9,116,809		303,204		Total Inpatient Days 18,279
3. Special Care	0		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 608
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 14,139
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-349,153	-12,409	-10,797	-1,667	Medicaid Paid Claims 534
9. Total Cost	16,760,611	595,685	518,281	80,021	Property Rate Allowance 0.80
10. Charges	\$33,392,559	\$2,541,757	\$1,051,115	197,248	First Semester in effect: 2013/07
11. Fixed Costs	1,064,973.00		33,522.71		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	925.14		173.88	County Ceiling Base	932.76	162.19
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	505.35	57.52	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,519.17	176.96	FPLI	0.8959

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	80,021.02	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		80,021.02	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		83,185.01	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			534
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			155.78
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			59.02
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			59.02
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county			176.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			166.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		166.42	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		59.02	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		59.02	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		197,248.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		369.38	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		383.99	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$59.02	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$14.70	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates		44.32	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

102768 - 2013/07

Outpatient Rate: 14.66

Kindred Hospital-St. Petersburg

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2011-8/31/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,738,411	0	18,293	0	Total Bed Days	30,012
2. Routine	10,712,564		5,980		Total Inpatient Days	16,704
3. Special Care	2,739,763		5,773		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	13
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-464,920	0	-533	0	Medicaid Paid Claims	0
9. Total Cost	25,725,818	0	29,513	0	Property Rate Allowance	0.80
10. Charges	\$127,268,015	\$0	\$135,356	0	First Semester in effect:	2013/07
11. Fixed Costs	4,926,832.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,358.47		0.00	County Ceiling Base	944.75	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	624.01	NA	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,604.46	186.89	FPLI	0.9462

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

102776 - 2013/07

Outpatient Rate: 14.66

Douglas Gardens Hospital

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

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,734,079	9,313,261	0	0	Total Bed Days	11,712
2. Routine	10,875,120		0		Total Inpatient Days	3,951
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	0
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	846
7. Malpractice					Prospective Inflation factor	1.033333333
8. Adjustments	-41,099	-21,737	0	0	Medicaid Paid Claims	0
9. Total Cost	17,568,100	9,291,524	0	0	Property Rate Allowance	0.80
10. Charges	\$32,013,112	\$6,362,584	\$0	0	First Semester in effect:	2013/07
11. Fixed Costs	2,692,206.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	3,229.52	0.00	County Ceiling Base	1,023.01	NA	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,217.19	NA	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200			Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)		Reimbursed by Diagnosis Related Groups	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)			
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county			
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)			
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)			\$19.53
AU	Medicaid Trend Adjustment	IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj			0.00
AW	Buy Back of Medicaid Trend Adjustment			0.00
AX	Buy Back of Exemption Tier Adjustment			0.00
AY	Final Prospective Rates		(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

103144 - 2013/07

Outpatient Rate: 107.84

Physicians Regional Medical Center

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

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

Hospital Classification: General

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Collier (11)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	52,336,439	54,078,452	3,931,752	3,186,086	Total Bed Days 73,365
2. Routine	33,200,607		2,183,753		Total Inpatient Days 33,832
3. Special Care	8,770,294		2,238,186		Total Newborn Days 1,146
4. Newborn Routine	59,206		33,527		Medicaid Inpatient Days 3,383
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 18,310
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-321,444	-184,210	-28,570	-10,853	Medicaid Paid Claims 30,607
9. Total Cost	94,045,102	53,894,242	8,358,648	3,175,233	Property Rate Allowance 0.80
10. Charges	\$497,561,611	\$414,887,101	\$43,511,489	27,793,571	First Semester in effect: 2013/07
11. Fixed Costs	28,148,608.00		2,461,580.28		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,810.80		107.76	County Ceiling Base	1,016.62	181.01
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,221.95	126.17	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,696.88	197.66	FPLI	1.0007

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,175,233.11
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,175,233.11
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,300,780.37
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		30,607
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		107.84
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		129.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		107.84
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0007) for Collier county		197.66
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.73
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	185.73	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	107.84	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	107.84	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		27,793,571.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		908.08
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		943.99
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$107.84
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$26.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		26.87
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		107.84



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

103179 - 2013/07

Outpatient Rate: 65.05

The Villages Regional Hospital

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

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sumter (60)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	45,794,633	38,822,394	1,302,279	1,256,759	Total Bed Days	81,618
2. Routine	31,900,126		834,511		Total Inpatient Days	52,458
3. Special Care	8,759,362		201,688		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,588
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	34,211
7. Malpractice					Prospective Inflation factor	1.0333333333
8. Adjustments	-964,255	-433,001	-26,082	-14,017	Medicaid Paid Claims	14,824
9. Total Cost	85,489,866	38,389,393	2,312,396	1,242,742	Property Rate Allowance	0.80
10. Charges	\$386,246,611	\$243,930,369	\$10,359,121	9,108,683	First Semester in effect:	2013/07
11. Fixed Costs	15,001,513.00		402,340.07		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,435.22		100.03	County Ceiling Base	1,417.77	161.88
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,082.96	94.89	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,468.47	171.05	FPLI	0.8660

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,242,741.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,242,741.90
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,284,166.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		14,824
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		86.63
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		97.37
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		86.63
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8660) for Sumter county		171.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		166.10
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	166.10	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	86.63	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	86.63	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		9,108,683.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		614.46
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		634.94
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$86.63
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$21.58
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		65.05



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

103209 - 2013/07

Outpatient Rate: 73.13

Wuesthoff Medical Center Melbourne

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: General

Type of Action: Amended Cost Report [2]

County: Brevard (5)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	22,735,492	26,341,114	1,918,798	1,484,506	Total Bed Days	43,554
2. Routine	12,774,273		997,065		Total Inpatient Days	24,961
3. Special Care	4,530,890		328,856		Total Newborn Days	870
4. Newborn Routine	130,147		5,535		Medicaid Inpatient Days	1,932
5. Intern-Resident	0		0		Medicaid Newborn IP Days	37
6. Home Health					Medicare Inpatient Days	10,007
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-335,702	-220,129	-27,162	-12,406	Medicaid Paid Claims	14,193
9. Total Cost	39,835,100	26,120,985	3,223,092	1,472,100	Property Rate Allowance	0.80
10. Charges	\$277,759,195	\$268,222,443	\$21,172,858	16,820,155	First Semester in effect:	2013/07
11. Fixed Costs	5,164,538.00		393,679.24		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,591.63		114.88	County Ceiling Base	971.81	179.09
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,336.28	94.92	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,580.38	184.09	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,472,100.19
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,472,100.19
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,519,658.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		14,193
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		107.07
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		97.40
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		97.40
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county		184.09
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		183.76
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	183.76	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	97.40	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	97.40	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		16,820,155.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,185.10
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,223.39
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$97.40
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$24.27
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		73.13



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

103233 - 2013/07

Outpatient Rate: 104.45

Sacred Heart Hospital on the Emerald Coast

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

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: Rural

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Walton (66)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	14,000,959	42,590,179	1,660,727	1,799,997	Total Bed Days 21,228
2. Routine	9,517,455		1,287,795		Total Inpatient Days 12,981
3. Special Care	4,354,373		215,731		Total Newborn Days 1,785
4. Newborn Routine	578,699		252,876		Medicaid Inpatient Days 1,518
5. Intern-Resident	0		0		Medicaid Newborn IP Days 10
6. Home Health					Medicare Inpatient Days 6,042
7. Malpractice					Prospective Inflation factor 1.033333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims 17,808
9. Total Cost	28,451,486	42,590,179	3,417,129	1,799,997	Property Rate Allowance 1.00
10. Charges	\$135,975,086	\$248,927,800	\$8,785,572	15,494,047	First Semester in effect: 2013/07
11. Fixed Costs	5,966,949.00		385,534.30		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,298.13		117.08	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,512.72	176.21	FPLI	0.8921

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,799,997.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			1,799,997.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			1,859,996.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			17,808
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			104.45
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			104.45
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8921) for Walton county			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			104.45
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			104.45
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			15,494,047.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		870.06	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		899.06	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$104.45	
AU	Medicaid Trend Adjustment IP% : 10.440 OP% : 8.223		\$8.59	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		8.59	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates		104.45	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

103284 - 2013/07

Outpatient Rate: 14.66

Sister Emmanuel Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2011-8/31/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,920,316	0	11,691	0	Total Bed Days	10,614
2. Routine	7,579,949		39,336		Total Inpatient Days	9,672
3. Special Care	41,359		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	50
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,386
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-221,703	0	-902	0	Medicaid Paid Claims	0
9. Total Cost	12,319,921	0	50,125	0	Property Rate Allowance	0.80
10. Charges	\$81,417,567	\$0	\$244,966	0	First Semester in effect:	2013/07
11. Fixed Costs	968,139.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,005.72		0.00	County Ceiling Base	1,023.01	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	843.41	NA	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200			Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)		Reimbursed by Diagnosis Related Groups	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)			
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county			
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)			
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53	
AU	Medicaid Trend Adjustment	IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj			0.00
AW	Buy Back of Medicaid Trend Adjustment			0.00
AX	Buy Back of Exemption Tier Adjustment			0.00
AY	Final Prospective Rates		(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

103373 - 2013/07

Outpatient Rate: 14.66

Select Specialty Hospital Miami

Type of Control: Government (4)

Fiscal Year : 9/1/2011-8/31/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,706,878	0	0	0	Total Bed Days	17,202
2. Routine	9,427,247		0		Total Inpatient Days	16,038
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	0
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,200
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-294,258	0	0	0	Medicaid Paid Claims	0
9. Total Cost	18,839,867	0	0	0	Property Rate Allowance	0.80
10. Charges	\$62,387,624	\$0	\$0	0	First Semester in effect:	2013/07
11. Fixed Costs	1,602,896.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	920.96		0.00	County Ceiling Base	1,023.01	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,058.33	NA	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200			Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)		Reimbursed by Diagnosis Related Groups	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)			
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county			
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)			
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53	
AU	Medicaid Trend Adjustment	IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj			0.00
AW	Buy Back of Medicaid Trend Adjustment			0.00
AX	Buy Back of Exemption Tier Adjustment			0.00
AY	Final Prospective Rates		(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

103390 - 2013/07

Outpatient Rate: 14.66

Select Specialty Hospital - Orlando

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Orange (48)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,427,215	0	152,533	0	Total Bed Days	27,375
2. Routine	16,922,953		210,895		Total Inpatient Days	21,425
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	267
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,646
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-528,197	0	-5,934	0	Medicaid Paid Claims	0
9. Total Cost	31,821,971	0	357,494	0	Property Rate Allowance	0.80
10. Charges	\$101,025,059	\$0	\$1,098,745	0	First Semester in effect:	2013/07
11. Fixed Costs	4,348,754.00		47,296.90		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,233.00		0.00	County Ceiling Base	1,480.44	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,005.87	NA	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,660.93	193.47	FPLI	0.9795

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

103411 - 2013/07

Outpatient Rate: 145.01

Charlton Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	571,735	5,145,817	20,873	257,965	Total Bed Days	5,490
2. Routine	987,901		57,473		Total Inpatient Days	1,066
3. Special Care	554,637		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	78
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	630
7. Malpractice					Prospective Inflation factor	1.0333333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims	250
9. Total Cost	2,114,273	5,145,817	78,346	257,965	Property Rate Allowance	0.80
10. Charges	\$2,382,846	\$14,593,842	\$83,552	544,014	First Semester in effect:	2013/07
11. Fixed Costs	173,254.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,881.54		1,066.26	County Ceiling Base	956.89	188.22
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	208.00	760.26	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,695.69	197.52	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient	
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	257,965.00	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		257,965.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		266,563.83	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			250
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			1,066.26
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			780.10
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			780.10
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county			197.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			193.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			193.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			193.13
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			193.13
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		544,014.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,176.06	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		2,248.60	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$193.13	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$48.12	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates		145.01	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

103420 - 2013/07

Outpatient Rate: 96.15

Lakewood Ranch Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Manatee (41)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,938,353	18,385,483	646,508	807,272	Total Bed Days	43,800
2. Routine	13,209,788		484,472		Total Inpatient Days	14,531
3. Special Care	4,205,327		231,649		Total Newborn Days	983
4. Newborn Routine	581,883		34,333		Medicaid Inpatient Days	605
5. Intern-Resident	0		0		Medicaid Newborn IP Days	29
6. Home Health					Medicare Inpatient Days	6,346
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	0	0	0	0	Medicaid Paid Claims	5,571
9. Total Cost	33,935,351	18,385,483	1,396,962	807,272	Property Rate Allowance	0.80
10. Charges	\$145,411,328	\$128,603,049	\$5,156,403	5,509,156	First Semester in effect:	2013/07
11. Fixed Costs	7,933,225.00		281,318.56		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,883.52		155.11	County Ceiling Base	967.14	174.80
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,761.68	124.80	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,646.85	191.83	FPLI	0.9712

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	807,272.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			807,272.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			839,191.16
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			5,571
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			150.64
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			128.06
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			128.06
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9712) for Manatee county			191.83
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			179.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			179.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			128.06
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			128.06
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			5,509,156.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		988.90	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,028.00	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$128.06	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$31.91	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates		96.15	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

103438 - 2013/07

Outpatient Rate: 14.66

Select Specialty Hospital Panama City

Type of Control: Government (4)

Fiscal Year : 8/1/2011-7/31/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Bay (3)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,173,245	0	150,818	0	Total Bed Days	10,980
2. Routine	5,511,345		210,868		Total Inpatient Days	9,958
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	381
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,316
7. Malpractice					Prospective Inflation factor	1.0328194928
8. Adjustments	-190,900	0	-6,462	0	Medicaid Paid Claims	0
9. Total Cost	10,493,690	0	355,224	0	Property Rate Allowance	0.80
10. Charges	\$36,954,308	\$0	\$1,170,029	0	First Semester in effect:	2013/07
11. Fixed Costs	1,107,839.00		35,075.85		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	968.70		0.00	County Ceiling Base	932.76	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	903.16	NA	Cost Report DRI Index	2.011
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,519.17	176.96	FPLI	0.8959

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

103454 - 2013/07

Outpatient Rate: 184.31

Memorial Hospital Miramar

Type of Control: Government (4)

Fiscal Year : 5/1/2011-4/30/2012

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	38,188,173	55,010,052	6,515,228	5,626,289	Total Bed Days 65,148
2. Routine	34,873,412		4,238,686		Total Inpatient Days 33,284
3. Special Care	6,262,869		526,545		Total Newborn Days 10,036
4. Newborn Routine	5,958,665		1,662,998		Medicaid Inpatient Days 5,106
5. Intern-Resident	807,043		98,093		Medicaid Newborn IP Days 805
6. Home Health					Medicare Inpatient Days 5,310
7. Malpractice					Prospective Inflation factor 1.0343625498
8. Adjustments	-1,197,153	-764,959	-181,353	-78,238	Medicaid Paid Claims 31,136
9. Total Cost	84,893,009	54,245,093	12,860,197	5,548,051	Property Rate Allowance 0.80
10. Charges	\$356,296,551	\$383,216,376	\$48,762,498	25,716,253	First Semester in effect: 2013/07
11. Fixed Costs	23,369,604.00		3,198,347.74		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,562.59		170.34	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	5,548,050.92
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,548,050.92
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,738,696.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		31,136
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		184.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		184.31
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	184.31	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	184.31	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		25,716,253.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		825.93
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		854.31
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$184.31
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$45.92
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		45.92
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		184.31



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

103454 - 2013/07

Outpatient Rate: 86.35

County Billing ONLY

Memorial Hospital Miramar

Type of Control: Government (4)

Fiscal Year : 5/1/2011-4/30/2012

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	38,188,173	55,010,052	6,515,228	5,626,289	Total Bed Days 65,148
2. Routine	34,873,412		4,238,686		Total Inpatient Days 33,284
3. Special Care	6,262,869		526,545		Total Newborn Days 10,036
4. Newborn Routine	5,958,665		1,662,998		Medicaid Inpatient Days 5,106
5. Intern-Resident	807,043		98,093		Medicaid Newborn IP Days 805
6. Home Health					Medicare Inpatient Days 5,310
7. Malpractice					Prospective Inflation factor 1.0343625498
8. Adjustments	-1,197,153	-764,959	-181,353	-78,238	Medicaid Paid Claims 31,136
9. Total Cost	84,893,009	54,245,093	12,860,197	5,548,051	Property Rate Allowance 0.80
10. Charges	\$356,296,551	\$383,216,376	\$48,762,498	25,716,253	First Semester in effect: 2013/07
11. Fixed Costs	23,369,604.00		3,198,347.74		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,562.59	170.34	County Ceiling Base	986.86	202.85	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,485.52	112.08	Cost Report DRI Index 2.008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI 1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	5,548,050.92
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,548,050.92
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,738,696.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		31,136
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		184.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		115.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		115.00
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		208.14
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	208.14	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	115.00	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	115.00	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		25,716,253.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		825.93
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		854.31
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$115.00
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$28.65
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		86.35



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

103462 - 2013/07

Outpatient Rate: 58.11

St. Cloud Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Osceola (49)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,434,531	17,004,004	929,254	1,128,538	Total Bed Days	30,660
2. Routine	13,391,911		720,320		Total Inpatient Days	20,472
3. Special Care	3,067,671		123,918		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,128
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,146
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-366,421	-195,353	-20,375	-12,965	Medicaid Paid Claims	14,985
9. Total Cost	31,527,692	16,808,651	1,753,117	1,115,573	Property Rate Allowance	0.80
10. Charges	\$161,602,282	\$120,568,605	\$9,570,433	8,752,224	First Semester in effect:	2013/07
11. Fixed Costs	5,893,625.00		349,033.09		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,358.64	81.26	County Ceiling Base	911.16	176.72	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,064.81	76.84	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,614.98	188.12	FPLI	0.9524

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,115,572.61	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,115,572.61	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,159,681.84	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			14,985
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			77.39
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			78.84
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			77.39
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9524) for Osceola county			188.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			181.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		181.33	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		77.39	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		77.39	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		8,752,224.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		584.07	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		607.16	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$77.39	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$19.28	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates		58.11	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

103535 - 2013/07

Outpatient Rate: 14.66

Kindred Hospital Ocala

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2011-5/31/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Marion (42)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,119,169	0	39,598	0	Total Bed Days	11,346
2. Routine	4,364,594		66,841		Total Inpatient Days	6,791
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	104
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,527
7. Malpractice					Prospective Inflation factor	1.0338476854
8. Adjustments	-148,055	0	-1,858	0	Medicaid Paid Claims	0
9. Total Cost	8,335,708	0	104,581	0	Property Rate Allowance	0.80
10. Charges	\$32,341,102	\$0	\$357,684	0	First Semester in effect:	2013/07
11. Fixed Costs	791,572.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,217.28		0.00	County Ceiling Base	912.11	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,150.21	NA	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,599.88	186.36	FPLI	0.9435

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9435) for Marion county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

103543 - 2013/07

Outpatient Rate: 167.48

Doctors Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	56,385,646	45,690,897	2,247,506	990,761	Total Bed Days	102,846
2. Routine	47,613,855		2,432,467		Total Inpatient Days	36,572
3. Special Care	7,693,173		17,185		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,993
5. Intern-Resident	1,175,890		55,412		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,475
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-1,321,347	-534,901	-55,638	-11,599	Medicaid Paid Claims	3,778
9. Total Cost	111,547,217	45,155,996	4,696,932	979,162	Property Rate Allowance	0.80
10. Charges	\$420,623,080	\$281,565,737	\$19,972,628	5,463,213	First Semester in effect:	2013/07
11. Fixed Costs	13,546,562.00		643,237.27		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,742.91		222.09	County Ceiling Base	1,023.01	217.38
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,896.11	227.47	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	979,162.21
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		979,162.21
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,010,795.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,778
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		267.55
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		233.40
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		233.40
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		237.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	223.05	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	223.05	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	223.05	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		5,463,213.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,446.06
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,492.78
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$223.05
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$55.57
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		167.48



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

103551 - 2013/07

Outpatient Rate: 93.71

Healthsouth Hospital of Spring Hill

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Hernando (27)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,722,228	400,487	91,949	31,492	Total Bed Days	29,200
2. Routine	10,073,936		98,474		Total Inpatient Days	21,892
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	214
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,132
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-379,501	-8,086	-3,845	-636	Medicaid Paid Claims	257
9. Total Cost	18,416,663	392,401	186,578	30,856	Property Rate Allowance	0.80
10. Charges	\$35,967,274	\$1,650,579	\$381,740	83,821	First Semester in effect:	2013/07
11. Fixed Costs	1,479,271.00		15,700.30		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	915.28		137.62	County Ceiling Base	891.93	174.27
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	625.70	126.01	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,537.82	179.13	FPLI	0.9069

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	30,856.17
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		30,856.17
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		32,076.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		257
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		124.81
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		129.30
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		124.81
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9069) for Hernando county		179.13
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		178.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	178.82	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	124.81	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	124.81	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		83,821.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		326.15
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		339.05
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$124.81
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$31.10
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		93.71



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

103560 - 2013/07

Outpatient Rate: 14.66

Healthsouth Ridgelake Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 8/1/2011-5/31/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,455,532	7,756	9,466	0	Total Bed Days	12,200
2. Routine	8,754,685		19,762		Total Inpatient Days	9,746
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	22
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,527
7. Malpractice					Prospective Inflation factor	1.0333333333
8. Adjustments	-197,447	-101	-379	0	Medicaid Paid Claims	0
9. Total Cost	15,012,770	7,655	28,849	0	Property Rate Allowance	0.80
10. Charges	\$33,375,847	\$40,402	\$58,610	0	First Semester in effect:	2013/07
11. Fixed Costs	2,730,010.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,324.01		0.00	County Ceiling Base	959.19	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,154.16	NA	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,667.88	194.28	FPLI	0.9836

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

103683 - 2013/07

Outpatient Rate: 14.66

Select Specialty Hospital Pensacola

Type of Control: Government (4)

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Escambia (17)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,549,798	0	179,747	0	Total Bed Days	19,764
2. Routine	14,333,023		299,525		Total Inpatient Days	18,806
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	393
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,880
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-311,570	0	-6,252	0	Medicaid Paid Claims	0
9. Total Cost	23,571,251	0	473,020	0	Property Rate Allowance	0.80
10. Charges	\$62,173,766	\$0	\$1,403,161	0	First Semester in effect:	2013/07
11. Fixed Costs	2,176,923.00		49,129.62		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,183.77		0.00	County Ceiling Base	1,527.36	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,052.02	NA	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,594.97	185.79	FPLI	0.9406

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

103721 - 2013/07

Outpatient Rate: 14.66

BayCare Alliant Hospital

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

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,491,038	0	536,827	0	Total Bed Days	17,520
2. Routine	9,111,948		923,647		Total Inpatient Days	10,684
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,083
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,691
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-184,440	0	-17,264	0	Medicaid Paid Claims	0
9. Total Cost	15,418,546	0	1,443,210	0	Property Rate Allowance	0.80
10. Charges	\$61,119,074	\$0	\$4,981,023	0	First Semester in effect:	2013/07
11. Fixed Costs	1,898,536.00		154,725.05		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,307.10		0.00	County Ceiling Base	944.75	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	999.21	NA	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,604.46	186.89	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

103730 - 2013/07

Outpatient Rate: 70.45

St. Luke's-St. Vincent's Healthcare

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

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	58,122,653	36,404,007	3,171,403	1,435,602	Total Bed Days	100,650
2. Routine	34,812,826		2,062,423		Total Inpatient Days	48,915
3. Special Care	9,422,491		1,022,288		Total Newborn Days	2,586
4. Newborn Routine	1,314,029		485,772		Medicaid Inpatient Days	3,346
5. Intern-Resident	0		0		Medicaid Newborn IP Days	39
6. Home Health					Medicare Inpatient Days	21,015
7. Malpractice					Prospective Inflation factor	1.0333333333
8. Adjustments	-1,506,096	-528,859	-97,943	-20,856	Medicaid Paid Claims	14,715
9. Total Cost	102,165,903	35,875,148	6,643,943	1,414,746	Property Rate Allowance	0.80
10. Charges	\$457,160,733	\$233,940,164	\$25,247,292	10,326,447	First Semester in effect:	2013/07
11. Fixed Costs	13,602,775.00		751,230.82		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,815.20		100.25	County Ceiling Base	894.52	179.70
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,341.86	91.44	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,680.43	195.74	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,414,746.28
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,414,746.28
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,461,904.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		14,715
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		99.35
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		93.83
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		93.83
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county		195.74
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		184.39
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	184.39	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	93.83	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	93.83	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		10,326,447.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		701.76
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		725.15
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$93.83
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$23.38
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		70.45



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

103748 - 2013/07

Outpatient Rate: 14.66

Select Specialty Hospital Tallahassee

Type of Control: Proprietary(1)
 Fiscal Year : 3/1/2011-2/29/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Leon (37)
 District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,069,844	0	97,640	0	Total Bed Days	10,614
2. Routine	9,654,461		162,988		Total Inpatient Days	9,359
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	158
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,961
7. Malpractice					Prospective Inflation factor	1.0364271457
8. Adjustments	-227,265	0	-3,767	0	Medicaid Paid Claims	0
9. Total Cost	15,497,040	0	256,861	0	Property Rate Allowance	0.80
10. Charges	\$30,066,453	\$0	\$549,667	0	First Semester in effect:	2013/07
11. Fixed Costs	3,786,856.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,350.41		0.00	County Ceiling Base	960.75	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,434.32	NA	Cost Report DRI Index	2.004
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,628.37	189.68	FPLI	0.9603

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

103764 - 2013/07

Outpatient Rate: 14.66

Select Specialty Hospital Palm Beach

Type of Control: Proprietary(1)
 Fiscal Year : 12/1/2010-11/30/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,910,292	0	77,446	0	Total Bed Days	21,900
2. Routine	13,806,788		88,140		Total Inpatient Days	15,038
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	96
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,450
7. Malpractice					Prospective Inflation factor	1.0442433384
8. Adjustments	-323,508	0	-2,259	0	Medicaid Paid Claims	0
9. Total Cost	23,393,572	0	163,327	0	Property Rate Allowance	0.80
10. Charges	\$56,945,610	\$0	\$413,921	0	First Semester in effect:	2013/07
11. Fixed Costs	3,760,047.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,329.98		0.00	County Ceiling Base	1,026.08	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,422.77	NA	Cost Report DRI Index	1.989
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200			Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)		Reimbursed by Diagnosis Related Groups	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)			
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county			
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)			
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53	
AU	Medicaid Trend Adjustment	IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj			0.00
AW	Buy Back of Medicaid Trend Adjustment			0.00
AX	Buy Back of Exemption Tier Adjustment			0.00
AY	Final Prospective Rates		(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

103772 - 2013/07

Outpatient Rate: 14.66

Select Speciality Hospital Gainesville

Type of Control: Proprietary(1)
 Fiscal Year : 8/1/2011-7/31/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Alachua (1)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,077,768	0	95,723	0	Total Bed Days	16,104
2. Routine	11,050,634		302,921		Total Inpatient Days	10,178
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	279
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,781
7. Malpractice					Prospective Inflation factor	1.0328194928
8. Adjustments	-220,987	0	-5,143	0	Medicaid Paid Claims	0
9. Total Cost	16,907,415	0	393,501	0	Property Rate Allowance	0.80
10. Charges	\$36,038,278	\$0	\$690,005	0	First Semester in effect:	2013/07
11. Fixed Costs	2,967,853.00		56,823.84		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,413.55		0.00	County Ceiling Base	912.30	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	NA	Cost Report DRI Index	2.011
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,495.09	174.15	FPLI	0.8817

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8817) for Alachua county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

104591 - 2013/07

Outpatient Rate: 49.50

Northwest Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	52,542,386	28,165,712	4,627,450	1,383,509	Total Bed Days	78,475
2. Routine	36,069,458		2,759,763		Total Inpatient Days	51,866
3. Special Care	11,479,244		1,591,523		Total Newborn Days	2,901
4. Newborn Routine	948,709		423,177		Medicaid Inpatient Days	5,073
5. Intern-Resident	0		0		Medicaid Newborn IP Days	63
6. Home Health					Medicare Inpatient Days	16,765
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-1,680,150	-468,356	-156,341	-23,006	Medicaid Paid Claims	21,451
9. Total Cost	99,359,647	27,697,356	9,245,572	1,360,503	Property Rate Allowance	0.80
10. Charges	\$715,569,994	\$273,046,768	\$55,397,609	14,716,459	First Semester in effect:	2013/07
11. Fixed Costs	11,460,818.00		887,267.38		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,563.53		60.93	County Ceiling Base	986.86	202.85
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	900.50	72.90	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,360,503.19	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			1,360,503.19
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			1,414,296.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			21,451
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			65.93
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			74.80
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			65.93
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county			213.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			208.14
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			208.14
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			65.93
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			65.93
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			14,716,459.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		686.05	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		713.18	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$65.93	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$16.43	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates		49.50	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

104604 - 2013/07

Outpatient Rate: 89.01

Palmetto General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	94,470,335	44,010,910	16,412,705	7,273,411	Total Bed Days 131,400
2. Routine	53,553,605		8,272,106		Total Inpatient Days 103,059
3. Special Care	26,732,991		4,501,382		Total Newborn Days 3,332
4. Newborn Routine	1,001,727		725,444		Medicaid Inpatient Days 17,575
5. Intern-Resident	0		888,512		Medicaid Newborn IP Days 141
6. Home Health					Medicare Inpatient Days 31,993
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-2,575,926	-645,026	-451,408	-106,599	Medicaid Paid Claims 62,844
9. Total Cost	173,182,732	43,365,884	30,348,741	7,166,812	Property Rate Allowance 0.80
10. Charges	\$1,112,967,992	\$381,572,327	\$191,486,755	63,985,310	First Semester in effect: 2013/07
11. Fixed Costs	15,871,626.00		2,730,721.98		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,345.21	98.41	County Ceiling Base	Exempt	Exempt	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index 1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI 1.2047

Rate Calculations		
Rates are based on Medicaid Costs		
		Inpatient Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups 7,166,811.58
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,166,811.58
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,450,184.01
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	62,844
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	118.55
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	118.55
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	118.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	118.55
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	63,985,310.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,018.16
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,058.42
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$118.55
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$29.54
AV	Exemption Tier Adj	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	89.01



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

104604 - 2013/07

Outpatient Rate: 89.01

County Billing ONLY

Palmetto General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	94,470,335	44,010,910	16,412,705	7,273,411	Total Bed Days	131,400
2. Routine	53,553,605		8,272,106		Total Inpatient Days	103,059
3. Special Care	26,732,991		4,501,382		Total Newborn Days	3,332
4. Newborn Routine	1,001,727		725,444		Medicaid Inpatient Days	17,575
5. Intern-Resident	0		888,512		Medicaid Newborn IP Days	141
6. Home Health					Medicare Inpatient Days	31,993
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-2,575,926	-645,026	-451,408	-106,599	Medicaid Paid Claims	62,844
9. Total Cost	173,182,732	43,365,884	30,348,741	7,166,812	Property Rate Allowance	0.80
10. Charges	\$1,112,967,992	\$381,572,327	\$191,486,755	63,985,310	First Semester in effect:	2013/07
11. Fixed Costs	15,871,626.00		2,730,721.98		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,345.21	98.41	County Ceiling Base	1,023.01	217.38	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	779.75	125.47	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	7,166,811.58
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		7,166,811.58
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		7,450,184.01
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		62,844
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		118.55
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		128.74
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		118.55
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		237.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	223.05	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	118.55	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	118.55	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		63,985,310.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,018.16
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,058.42
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$118.55
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$29.54
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		89.01



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

105520 - 2013/07

Outpatient Rate: 38.88

Community Hospital of New Port Richey

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2011-6/30/2012
 Hospital Classification: Special-IP

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	46,929,696	26,899,802	3,950,938	1,976,390	Total Bed Days	107,632
2. Routine	47,374,754		3,337,247		Total Inpatient Days	61,562
3. Special Care	9,641,910		449,596		Total Newborn Days	1,369
4. Newborn Routine	1,012,168		674,287		Medicaid Inpatient Days	4,529
5. Intern-Resident	0		0		Medicaid Newborn IP Days	121
6. Home Health					Medicare Inpatient Days	25,861
7. Malpractice					Prospective Inflation factor	1.0333333333
8. Adjustments	-1,433,934	-367,503	-114,925	-27,001	Medicaid Paid Claims	15,012
9. Total Cost	103,524,594	26,532,299	8,297,143	1,949,389	Property Rate Allowance	0.80
10. Charges	\$751,142,906	\$294,970,958	\$43,807,677	22,845,579	First Semester in effect:	2013/07
11. Fixed Costs	15,689,319.00		915,022.45		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,705.98		139.54	County Ceiling Base	Exempt	173.57
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	50.46	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,630.58	189.94	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,949,388.73
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,949,388.73
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,014,368.35
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,012
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		134.18
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		51.78
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		51.78
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county		189.94
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		178.10
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	178.10	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	51.78	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	51.78	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		22,845,579.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,521.82
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,572.55
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$51.78
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$12.90
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		38.88



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

105520 - 2013/07

Outpatient Rate: 38.88

Target History - Internal Information Only

Community Hospital of New Port Richey

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2011-6/30/2012
 Hospital Classification: Special-IP

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	46,929,696	26,899,802	3,950,938	1,976,390	Total Bed Days	107,632
2. Routine	47,374,754		3,337,247		Total Inpatient Days	61,562
3. Special Care	9,641,910		449,596		Total Newborn Days	1,369
4. Newborn Routine	1,012,168		674,287		Medicaid Inpatient Days	4,529
5. Intern-Resident	0		0		Medicaid Newborn IP Days	121
6. Home Health					Medicare Inpatient Days	25,861
7. Malpractice					Prospective Inflation factor	1.0333333333
8. Adjustments	-1,433,934	-367,503	-114,925	-27,001	Medicaid Paid Claims	15,012
9. Total Cost	103,524,594	26,532,299	8,297,143	1,949,389	Property Rate Allowance	0.80
10. Charges	\$751,142,906	\$294,970,958	\$43,807,677	22,845,579	First Semester in effect:	2013/07
11. Fixed Costs	15,689,319.00		915,022.45		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,705.98		139.54	County Ceiling Base	856.32	173.57
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	699.05	50.46	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,630.58	189.94	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,949,388.73
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,949,388.73
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,014,368.35
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,012
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		134.18
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		51.78
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		51.78
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county		189.94
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		178.10
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	178.10	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	51.78	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	51.78	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		22,845,579.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,521.82
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,572.55
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$51.78
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$12.90
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		38.88



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

106470 - 2013/07

Outpatient Rate: 14.66

Specialty Hospital Jacksonville

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Duval (16)
 District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	11,375,944	11,695	0	0	Total Bed Days 39,055
2. Routine	15,709,266		0		Total Inpatient Days 21,354
3. Special Care	0		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 0
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 17,572
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-436,838	-189	0	0	Medicaid Paid Claims 0
9. Total Cost	26,648,372	11,506	0	0	Property Rate Allowance 0.80
10. Charges	\$117,159,426	\$0	\$0	0	First Semester in effect: 2013/07
11. Fixed Costs	2,046,164.00		0.00		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,208.55	0.00	County Ceiling Base	894.52	NA	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	775.01	NA	Cost Report DRI Index 1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,680.43	195.74	FPLI 0.9910

Rate Calculations			
Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

108219 - 2013/07

Outpatient Rate: 166.95

Imperial Point Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	32,426,478	40,163,791	3,114,553	1,513,236	Total Bed Days	67,710
2. Routine	28,380,943		2,843,628		Total Inpatient Days	37,460
3. Special Care	4,413,563		599,947		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,135
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,186
7. Malpractice					Prospective Inflation factor	1.0333333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims	9,366
9. Total Cost	65,220,984	40,163,791	6,558,128	1,513,236	Property Rate Allowance	0.80
10. Charges	\$215,909,415	\$207,435,724	\$21,714,783	6,982,949	First Semester in effect:	2013/07
11. Fixed Costs	9,102,447.00		915,465.69		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,303.23		154.30	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,513,236.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,513,236.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,563,677.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		9,366
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		166.95
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		166.95
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	166.95	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	166.95	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		6,982,949.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		745.56
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		770.41
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$166.95
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$41.60
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU * 70\%} \right]$		8.77
AW	Buy Back of Medicaid Trend Adjustment		41.60
AX	Buy Back of Exemption Tier Adjustment		8.77
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		166.95



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

108219 - 2013/07

Outpatient Rate: 95.36

County Billing ONLY

Imperial Point Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	32,426,478	40,163,791	3,114,553	1,513,236	Total Bed Days	67,710
2. Routine	28,380,943		2,843,628		Total Inpatient Days	37,460
3. Special Care	4,413,563		599,947		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,135
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,186
7. Malpractice					Prospective Inflation factor	1.0333333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims	9,366
9. Total Cost	65,220,984	40,163,791	6,558,128	1,513,236	Property Rate Allowance	0.80
10. Charges	\$215,909,415	\$207,435,724	\$21,714,783	6,982,949	First Semester in effect:	2013/07
11. Fixed Costs	9,102,447.00		915,465.69		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,303.23	154.30	County Ceiling Base	986.86	202.85	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	706.66	123.77	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,513,236.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,513,236.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,563,677.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		9,366
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		166.95
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		127.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		127.00
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		208.14
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	208.14	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	127.00	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	127.00	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		6,982,949.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		745.56
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		770.41
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$127.00
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$31.64
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		95.36



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

108227 - 2013/07

Outpatient Rate: 113.88

Lake Butler Hospital

Type of Control: Proprietary(1)

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

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Union (63)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	761,104	3,478,729	29,887	1,011,514	Total Bed Days	9,125
2. Routine	441,805		38,983		Total Inpatient Days	256
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	24
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	154
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	0	0	0	0	Medicaid Paid Claims	9,032
9. Total Cost	1,202,909	3,478,729	68,870	1,011,514	Property Rate Allowance	1.00
10. Charges	\$3,650,255	\$11,072,944	\$115,161	3,085,100	First Semester in effect:	2013/07
11. Fixed Costs	283,504.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	4,180.77		130.37	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,514.25	176.39	FPLI	0.8930

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,011,514.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		1,011,514.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,051,508.80
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		9,032
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		116.42
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		116.42
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8930) for Union county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		116.42
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		116.42
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		341.57
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		355.08
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$116.42
AU	Medicaid Trend Adjustment IP% : 14.581 OP% : 10.094		\$11.75
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		9.21
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		113.88



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

108626 - 2013/07

Outpatient Rate: 92.20

North Florida Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 3/1/2011-2/28/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Alachua (1)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	99,433,110	70,215,349	9,250,196	4,515,133	Total Bed Days	127,734
2. Routine	52,622,331		4,770,488		Total Inpatient Days	99,465
3. Special Care	13,499,265		503,190		Total Newborn Days	6,884
4. Newborn Routine	1,419,731		601,602		Medicaid Inpatient Days	9,959
5. Intern-Resident	0		0		Medicaid Newborn IP Days	750
6. Home Health					Medicare Inpatient Days	57,123
7. Malpractice					Prospective Inflation factor	1.0364271457
8. Adjustments	-3,145,750	-1,322,837	-284,960	-85,064	Medicaid Paid Claims	37,389
9. Total Cost	163,828,687	68,892,512	14,840,516	4,430,069	Property Rate Allowance	0.80
10. Charges	\$1,480,355,898	\$818,123,184	\$119,955,904	65,715,864	First Semester in effect:	2013/07
11. Fixed Costs	16,763,739.00		1,358,395.96		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,479.88		139.28	County Ceiling Base	912.30	159.82
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	841.99	124.80	Cost Report DRI Index	2.004
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,495.09	174.15	FPLI	0.8817

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,430,069.20
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,430,069.20
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,591,443.98
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		37,389
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		122.80
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		128.06
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		122.80
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8817) for Alachua county		174.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		163.99
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	163.99	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	122.80	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	122.80	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		65,715,864.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,757.63
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,821.66
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$122.80
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$30.60
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		92.20



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

109592 - 2013/07

Outpatient Rate: 60.84

Pasco Community Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	13,424,638	18,209,525	1,757,663	1,264,004	Total Bed Days	43,920
2. Routine	8,949,258		805,345		Total Inpatient Days	14,107
3. Special Care	3,211,616		265,372		Total Newborn Days	501
4. Newborn Routine	223,878		159,529		Medicaid Inpatient Days	1,363
5. Intern-Resident	0		0		Medicaid Newborn IP Days	16
6. Home Health					Medicare Inpatient Days	4,680
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-393,309	-277,495	-45,533	-19,262	Medicaid Paid Claims	15,857
9. Total Cost	25,416,081	17,932,030	2,942,376	1,244,742	Property Rate Allowance	0.80
10. Charges	\$203,652,240	\$214,650,810	\$19,113,899	18,810,784	First Semester in effect:	2013/07
11. Fixed Costs	4,143,370.00		388,878.39		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,987.85		84.27	County Ceiling Base	856.32	173.57
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	774.70	93.88	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,630.58	189.94	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,244,741.85
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,244,741.85
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,284,954.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,857
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		81.03
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		96.33
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		81.03
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county		189.94
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		178.10
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	178.10	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	81.03	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	81.03	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		18,810,784.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,186.28
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,224.60
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$81.03
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$20.19
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		60.84



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

109606 - 2013/07

Outpatient Rate: 120.62

Coral Gables Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	32,430,105	18,344,696	2,085,711	2,250,375	Total Bed Days	89,425
2. Routine	18,562,149		1,447,027		Total Inpatient Days	28,912
3. Special Care	7,068,696		506,674		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,368
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,217
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-944,406	-298,390	-65,704	-36,604	Medicaid Paid Claims	13,370
9. Total Cost	57,116,544	18,046,306	3,973,708	2,213,771	Property Rate Allowance	0.80
10. Charges	\$353,695,308	\$151,819,317	\$28,958,176	15,626,486	First Semester in effect:	2013/07
11. Fixed Costs	4,992,196.00		408,727.19		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,299.09		142.87	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,213,770.94
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,213,770.94
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,301,302.42
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,370
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		172.12
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		172.12
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	172.12	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	172.12	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,626,486.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,168.77
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,214.98
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$172.12
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$42.88
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU * 66\%} \right]$		8.62
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		120.62



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

109606 - 2013/07

Outpatient Rate: 103.76

County Billing ONLY

Coral Gables Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	32,430,105	18,344,696	2,085,711	2,250,375	Total Bed Days 89,425
2. Routine	18,562,149		1,447,027		Total Inpatient Days 28,912
3. Special Care	7,068,696		506,674		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 2,368
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 14,217
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-944,406	-298,390	-65,704	-36,604	Medicaid Paid Claims 13,370
9. Total Cost	57,116,544	18,046,306	3,973,708	2,213,771	Property Rate Allowance 0.80
10. Charges	\$353,695,308	\$151,819,317	\$28,958,176	15,626,486	First Semester in effect: 2013/07
11. Fixed Costs	4,992,196.00		408,727.19		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,299.09	142.87	County Ceiling Base	1,023.01	217.38	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	818.88	134.68	Cost Report DRI Index 1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI 1.2047

Rate Calculations		
Rates are based on Medicaid Costs		
		Inpatient Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	2,213,770.94
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,213,770.94
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,301,302.42
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	13,370
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	172.12
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	138.19
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	138.19
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	237.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	223.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	223.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	138.19
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	138.19
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	15,626,486.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,168.77
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,214.98
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$138.19
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$34.43
AV	Exemption Tier Adj	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00
AY	Final Prospective Rates	103.76



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

109886 - 2013/07

Outpatient Rate: 91.94

Ocala Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2011-8/31/2012
 Hospital Classification: General

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

County: Marion (42)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	74,044,155	58,530,893	4,329,753	3,724,926	Total Bed Days	98,820
2. Routine	34,773,542		2,006,154		Total Inpatient Days	63,133
3. Special Care	11,037,600		751,307		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,023
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	31,807
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-1,953,182	-953,829	-115,494	-60,702	Medicaid Paid Claims	41,144
9. Total Cost	117,902,115	57,577,064	6,971,720	3,664,224	Property Rate Allowance	0.80
10. Charges	\$894,004,384	\$521,688,539	\$53,640,450	37,487,820	First Semester in effect:	2013/07
11. Fixed Costs	13,062,061.00		783,726.39		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,682.94		97.45	County Ceiling Base	912.11	159.18
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	770.57	97.55	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,599.88	186.36	FPLI	0.9435

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,664,223.99
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,664,223.99
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,782,601.01
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		41,144
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		91.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		100.10
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		91.94
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9435) for Marion county		186.36
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		163.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	163.33	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	91.94	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	91.94	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		37,487,820.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		911.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		940.58
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$91.94
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$22.91
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		22.91
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		91.94



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

110213 - 2013/07

Outpatient Rate: 119.97

Blake Memorial Hospital

Type of Control: Proprietary(1)

Fiscal Year : 5/1/2011-4/30/2012

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Manatee (41)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	66,463,286	28,458,859	1,531,380	1,397,085	Total Bed Days	139,795
2. Routine	36,043,936		934,456		Total Inpatient Days	64,956
3. Special Care	8,752,381		396,299		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,881
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	36,122
7. Malpractice					Prospective Inflation factor	1.0343625498
8. Adjustments	-1,888,586	-483,077	-48,584	-23,715	Medicaid Paid Claims	11,841
9. Total Cost	109,371,017	27,975,782	2,813,551	1,373,370	Property Rate Allowance	0.80
10. Charges	\$721,519,483	\$229,276,013	\$18,823,016	9,463,204	First Semester in effect:	2013/07
11. Fixed Costs	10,814,242.00		282,122.18		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,433.31		123.53	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,646.85	191.83	FPLI	0.9712

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,373,370.06
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,373,370.06
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,420,562.56
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,841
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.97
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		119.97
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9712) for Manatee county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	119.97	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	119.97	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		9,463,204.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		799.19
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		826.65
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$119.97
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$29.89
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		29.89
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		119.97



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

110213 - 2013/07

Outpatient Rate: 64.65

County Billing ONLY

Blake Memorial Hospital

Type of Control: Proprietary(1)

Fiscal Year : 5/1/2011-4/30/2012

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Manatee (41)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	66,463,286	28,458,859	1,531,380	1,397,085	Total Bed Days	139,795
2. Routine	36,043,936		934,456		Total Inpatient Days	64,956
3. Special Care	8,752,381		396,299		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,881
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	36,122
7. Malpractice					Prospective Inflation factor	1.0343625498
8. Adjustments	-1,888,586	-483,077	-48,584	-23,715	Medicaid Paid Claims	11,841
9. Total Cost	109,371,017	27,975,782	2,813,551	1,373,370	Property Rate Allowance	0.80
10. Charges	\$721,519,483	\$229,276,013	\$18,823,016	9,463,204	First Semester in effect:	2013/07
11. Fixed Costs	10,814,242.00		282,122.18		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,433.31	123.53	County Ceiling Base	967.14	174.80	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	755.82	83.91	Cost Report DRI Index	2.008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,646.85	191.83	FPLI	0.9712

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,373,370.06
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,373,370.06
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,420,562.56
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,841
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.97
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		86.10
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		86.10
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9712) for Manatee county		191.83
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		179.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	179.36	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	86.10	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	86.10	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		9,463,204.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		799.19
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		826.65
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$86.10
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$21.45
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		64.65



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

111325 - 2013/07

Outpatient Rate: 41.18

Ft. Walton Beach Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2011-5/31/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Okaloosa (46)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	44,987,208	36,704,892	5,859,607	4,578,759	Total Bed Days 94,062
2. Routine	33,192,707		4,281,163		Total Inpatient Days 59,320
3. Special Care	10,533,893		1,974,918		Total Newborn Days 2,066
4. Newborn Routine	780,055		483,667		Medicaid Inpatient Days 8,401
5. Intern-Resident	0		0		Medicaid Newborn IP Days 31
6. Home Health					Medicare Inpatient Days 32,290
7. Malpractice					Prospective Inflation factor 1.0338476854
8. Adjustments	-1,639,546	-672,441	-230,823	-83,884	Medicaid Paid Claims 43,341
9. Total Cost	87,854,317	36,032,451	12,368,532	4,494,875	Property Rate Allowance 0.80
10. Charges	\$811,275,316	\$466,088,571	\$98,538,881	55,351,382	First Semester in effect: 2013/07
11. Fixed Costs	10,510,866.00		1,276,667.68		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,537.21		121.19	County Ceiling Base	934.90	164.13
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	720.14	53.46	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,500.18	174.75	FPLI	0.8847

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,494,875.20	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,494,875.20	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,647,016.32	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			43,341
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			107.22
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			54.85
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			54.85
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8847) for Okaloosa county			174.75
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			168.41
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		168.41	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		54.85	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		54.85	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		55,351,382.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,277.11	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,320.34	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$54.85	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$13.67	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates		41.18	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

111341 - 2013/07

Outpatient Rate: 115.78

Gulf Coast Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: Self Exempt

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

County: Lee (36)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	112,369,861	49,184,266	8,960,707	2,557,031	Total Bed Days 127,734
2. Routine	83,323,454		6,847,109		Total Inpatient Days 105,108
3. Special Care	18,157,686		894,587		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 7,522
5. Intern-Resident	0		0		Medicaid Newborn IP Days 54
6. Home Health					Medicare Inpatient Days 51,838
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-3,135,188	-721,072	-244,868	-37,488	Medicaid Paid Claims 22,465
9. Total Cost	210,715,813	48,463,194	16,457,535	2,519,543	Property Rate Allowance 0.80
10. Charges	\$871,281,683	\$271,952,263	\$56,086,466	18,380,712	First Semester in effect: 2013/07
11. Fixed Costs	40,946,736.00		2,635,838.40		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,987.08		122.16	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,607.17	187.21	FPLI	0.9478

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,519,543.34
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,519,543.34
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,600,940.12
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,465
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		115.78
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		115.78
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	115.78	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	115.78	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		18,380,712.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		818.19
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		844.62
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$115.78
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$28.85
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		28.85
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		115.78



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

111341 - 2013/07

Outpatient Rate: 79.76

County Billing ONLY

Gulf Coast Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Lee (36)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	112,369,861	49,184,266	8,960,707	2,557,031	Total Bed Days 127,734
2. Routine	83,323,454		6,847,109		Total Inpatient Days 105,108
3. Special Care	18,157,686		894,587		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 7,522
5. Intern-Resident	0		0		Medicaid Newborn IP Days 54
6. Home Health					Medicare Inpatient Days 51,838
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-3,135,188	-721,072	-244,868	-37,488	Medicaid Paid Claims 22,465
9. Total Cost	210,715,813	48,463,194	16,457,535	2,519,543	Property Rate Allowance 0.80
10. Charges	\$871,281,683	\$271,952,263	\$56,086,466	18,380,712	First Semester in effect: 2013/07
11. Fixed Costs	40,946,736.00		2,635,838.40		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,987.08	122.16	County Ceiling Base	989.46	182.12	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	946.44	103.52	Cost Report DRI Index 2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,607.17	187.21	FPLI 0.9478

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,519,543.34
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,519,543.34
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,600,940.12
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,465
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		115.78
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		106.22
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.22
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county		187.21
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		186.87
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	186.87	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	106.22	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	106.22	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		18,380,712.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		818.19
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		844.62
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$106.22
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$26.46
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		79.76



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

111741 - 2013/07

Outpatient Rate: 74.65

Orange Park Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2011-6/30/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Clay (10)
 District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	57,561,779	47,455,143	6,600,499	4,001,591	Total Bed Days 93,330
2. Routine	48,471,749		4,526,075		Total Inpatient Days 76,974
3. Special Care	11,324,235		2,156,543		Total Newborn Days 3,960
4. Newborn Routine	1,093,573		590,961		Medicaid Inpatient Days 9,116
5. Intern-Resident	0		0		Medicaid Newborn IP Days 25
6. Home Health					Medicare Inpatient Days 33,260
7. Malpractice					Prospective Inflation factor 1.0333333333
8. Adjustments	-2,111,284	-845,844	-247,292	-71,325	Medicaid Paid Claims 37,264
9. Total Cost	116,340,052	46,609,299	13,626,786	3,930,266	Property Rate Allowance 0.80
10. Charges	\$1,191,224,581	\$692,592,056	\$103,873,578	50,645,187	First Semester in effect: 2013/07
11. Fixed Costs	16,775,013.00		1,462,764.16		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,506.27		119.39	County Ceiling Base	886.58	175.42
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	837.49	96.89	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,548.00	180.32	FPLI	0.9129

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,930,266.38	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,930,266.38	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,061,275.26	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			37,264
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			108.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			99.42
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			99.42
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9129) for Clay county			180.32
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			180.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		180.00	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		99.42	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		99.42	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		50,645,187.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,359.09	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,404.39	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$99.42	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$24.77	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates		74.65	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

112305 - 2013/07

Outpatient Rate: 49.88

Westside Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 2/1/2011-1/31/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	58,134,546	27,271,026	1,979,114	578,262	Total Bed Days	81,760
2. Routine	29,179,386		1,040,783		Total Inpatient Days	52,847
3. Special Care	14,792,245		538,138		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,979
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	17,955
7. Malpractice					Prospective Inflation factor	1.0379810095
8. Adjustments	-1,728,794	-461,735	-60,242	-9,791	Medicaid Paid Claims	8,883
9. Total Cost	100,377,383	26,809,291	3,497,793	568,471	Property Rate Allowance	0.80
10. Charges	\$709,641,453	\$243,768,090	\$24,163,242	5,972,280	First Semester in effect:	2013/07
11. Fixed Costs	9,521,613.00		324,210.26		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,538.39		61.40	County Ceiling Base	986.86	195.81
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	926.37	64.85	Cost Report DRI Index	2.001
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	568,471.25
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		568,471.25
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		590,062.36
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,883
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		66.43
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		66.54
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		66.43
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.92
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	200.92	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	66.43	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	66.43	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		5,972,280.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		672.33
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		697.87
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$66.43
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$16.55
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		49.88



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

112798 - 2013/07

Outpatient Rate: 120.41

Memorial Hospital Of Tampa

Type of Control: Proprietary(1)
 Fiscal Year : 12/1/2010-11/30/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	20,413,291	19,238,199	790,304	482,656	Total Bed Days	66,248
2. Routine	14,664,546		716,661		Total Inpatient Days	28,809
3. Special Care	2,353,955		13,773		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,396
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,447
7. Malpractice					Prospective Inflation factor	1.0442433384
8. Adjustments	-518,447	-266,457	-21,063	-6,685	Medicaid Paid Claims	2,460
9. Total Cost	36,913,345	18,971,742	1,499,675	475,971	Property Rate Allowance	0.80
10. Charges	\$169,352,197	\$136,595,996	\$7,648,636	2,915,741	First Semester in effect:	2013/07
11. Fixed Costs	7,843,706.00		354,253.76		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	916.46		216.11	County Ceiling Base	946.71	177.33
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	701.20	156.29	Cost Report DRI Index	1.989
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,585.30	184.66	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	475,971.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		475,971.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		497,029.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,460
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		202.04
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		160.37
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		160.37
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		184.66
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	181.96	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	160.37	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	160.37	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		2,915,741.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,185.26
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,237.70
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$160.37
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$39.96
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		120.41



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

112801 - 2013/07

Outpatient Rate: 56.23

University Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 5/1/2011-4/30/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	32,983,213	21,122,869	1,252,508	709,096	Total Bed Days	116,022
2. Routine	31,214,421		1,589,844		Total Inpatient Days	51,861
3. Special Care	4,860,234		242,165		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,892
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	23,886
7. Malpractice					Prospective Inflation factor	1.0343625498
8. Adjustments	-1,023,116	-312,943	-45,698	-10,506	Medicaid Paid Claims	9,242
9. Total Cost	68,034,752	20,809,926	3,038,819	698,591	Property Rate Allowance	0.80
10. Charges	\$469,991,890	\$205,571,734	\$20,362,855	7,870,663	First Semester in effect:	2013/07
11. Fixed Costs	5,834,836.00		252,799.94		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	920.94		72.26	County Ceiling Base	986.86	195.81
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	535.88	72.99	Cost Report DRI Index	2.008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	698,590.50
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		698,590.50
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		722,595.85
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		9,242
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		78.19
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		74.89
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		74.89
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.92
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	200.92	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	74.89	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	74.89	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	7,870,663.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	851.62	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	880.88	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$74.89	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$18.66	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	56.23	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

113212 - 2013/07

Outpatient Rate: 60.22

West Florida Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2011-5/31/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Escambia (17)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	64,346,647	44,608,778	4,661,778	3,020,700	Total Bed Days	188,490
2. Routine	38,800,848		3,536,100		Total Inpatient Days	68,516
3. Special Care	10,351,960		965,392		Total Newborn Days	753
4. Newborn Routine	319,163		181,412		Medicaid Inpatient Days	6,693
5. Intern-Resident	0		0		Medicaid Newborn IP Days	12
6. Home Health					Medicare Inpatient Days	35,185
7. Malpractice					Prospective Inflation factor	1.0338476854
8. Adjustments	-1,812,838	-710,503	-148,837	-48,112	Medicaid Paid Claims	33,494
9. Total Cost	112,005,780	43,898,275	9,195,845	2,972,588	Property Rate Allowance	0.80
10. Charges	\$757,813,029	\$430,146,352	\$61,130,887	33,971,332	First Semester in effect:	2013/07
11. Fixed Costs	12,757,841.00		1,029,143.21		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,338.75		97.54	County Ceiling Base	936.54	174.40
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	718.06	78.16	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,594.97	185.79	FPLI	0.9406

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,972,588.02
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,972,588.02
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,073,203.24
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		33,494
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		91.75
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		80.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		80.20
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county		185.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		178.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	178.95	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	80.20	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	80.20	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		33,971,332.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,014.25
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,048.58
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$80.20
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$19.98
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		60.22



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

113514 - 2013/07

Outpatient Rate: 96.81

Putnam Community Hospital

Type of Control: Proprietary(1)

Fiscal Year : 3/1/2011-2/29/2012

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Putnam (54)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	16,117,391	17,366,810	2,486,039	2,853,959	Total Bed Days 36,234
2. Routine	13,654,534		1,335,912		Total Inpatient Days 24,898
3. Special Care	2,332,725		179,654		Total Newborn Days 920
4. Newborn Routine	189,573		143,624		Medicaid Inpatient Days 2,548
5. Intern-Resident	0		0		Medicaid Newborn IP Days 21
6. Home Health					Medicare Inpatient Days 16,197
7. Malpractice					Prospective Inflation factor 1.0364271457
8. Adjustments	-440,614	-236,949	-56,556	-38,939	Medicaid Paid Claims 30,137
9. Total Cost	31,853,609	17,129,861	4,088,673	2,815,020	Property Rate Allowance 1.00
10. Charges	\$138,329,221	\$105,241,959	\$14,503,165	18,086,946	First Semester in effect: 2013/07
11. Fixed Costs	2,804,804.00		294,070.44		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,763.48		111.52	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.004
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,472.03	171.47	FPLI	0.8681

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,815,020.28
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,815,020.28
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,917,563.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		30,137
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		96.81
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		96.81
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8681) for Putnam county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		96.81
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		96.81
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		18,086,946.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	600.16	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	622.02	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$96.81	
AU	Medicaid Trend Adjustment IP% : 14.581 OP% : 10.094	\$9.77	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	9.77	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	96.81	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

115193 - 2013/07

Outpatient Rate: 83.20

Northside Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	44,680,383	24,377,208	3,712,017	1,023,206	Total Bed Days 80,349
2. Routine	28,217,356		2,031,601		Total Inpatient Days 40,493
3. Special Care	15,007,123		1,503,335		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 3,370
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 17,169
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-1,259,362	-349,238	-103,823	-14,659	Medicaid Paid Claims 9,371
9. Total Cost	86,645,500	24,027,970	7,143,130	1,008,547	Property Rate Allowance 0.80
10. Charges	\$714,364,992	\$281,810,162	\$52,201,392	15,115,617	First Semester in effect: 2013/07
11. Fixed Costs	9,785,315.00		715,050.53		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,081.02		117.42	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,604.46	186.89	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,008,547.12
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,008,547.12
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,041,129.41
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		9,371
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		111.10
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		111.10
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	111.10	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	111.10	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,115,617.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,613.02
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,665.13
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$111.10
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$27.68
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU} * 66\% \right]$		0.22
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		83.20



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

115193 - 2013/07

Outpatient Rate: 82.78

County Billing ONLY

Northside Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	44,680,383	24,377,208	3,712,017	1,023,206	Total Bed Days	80,349
2. Routine	28,217,356		2,031,601		Total Inpatient Days	40,493
3. Special Care	15,007,123		1,503,335		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,370
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	17,169
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-1,259,362	-349,238	-103,823	-14,659	Medicaid Paid Claims	9,371
9. Total Cost	86,645,500	24,027,970	7,143,130	1,008,547	Property Rate Allowance	0.80
10. Charges	\$714,364,992	\$281,810,162	\$52,201,392	15,115,617	First Semester in effect:	2013/07
11. Fixed Costs	9,785,315.00		715,050.53		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,081.02	117.42	County Ceiling Base	944.75	176.95	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	622.07	107.45	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,604.46	186.89	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,008,547.12
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,008,547.12
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,041,129.41
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		9,371
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		111.10
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		110.25
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		110.25
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		186.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	181.57	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	110.25	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	110.25	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,115,617.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,613.02
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,665.13
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$110.25
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$27.47
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		82.78



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

116483 - 2013/07

Outpatient Rate: 298.17

Anne Bates Leach Eye Hospital

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

Fiscal Year : 6/1/2011-5/31/2012

Hospital Classification: Specialized: Eye

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	925,459	85,779,127	23,846	7,012,595	Total Bed Days	20,496
2. Routine	6,437,353		400,546		Total Inpatient Days	450
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	28
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	151
7. Malpractice					Prospective Inflation factor	1.0338476854
8. Adjustments	-76,161	-887,296	-4,390	-72,538	Medicaid Paid Claims	24,063
9. Total Cost	7,286,651	84,891,831	420,002	6,940,057	Property Rate Allowance	0.80
10. Charges	\$5,353,061	\$339,250,740	\$127,633	30,768,019	First Semester in effect:	2013/07
11. Fixed Costs	3,895,598.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	6,466.95		247.51	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	6,940,056.96
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		6,940,056.96
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		7,174,961.82
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		24,063
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		298.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		298.17
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		298.17
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		298.17
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,278.64
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		1,321.92
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$298.17
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$74.29
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU} * 66\% \right]$		25.20
AW	Buy Back of Medicaid Trend Adjustment		74.29
AX	Buy Back of Exemption Tier Adjustment		25.20
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		298.17



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

116483 - 2013/07

Outpatient Rate: 149.36

County Billing ONLY

Anne Bates Leach Eye Hospital

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

Fiscal Year : 6/1/2011-5/31/2012

Hospital Classification: Specialized: Eye

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	925,459	85,779,127	23,846	7,012,595	Total Bed Days	20,496
2. Routine	6,437,353		400,546		Total Inpatient Days	450
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	28
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	151
7. Malpractice					Prospective Inflation factor	1.0338476854
8. Adjustments	-76,161	-887,296	-4,390	-72,538	Medicaid Paid Claims	24,063
9. Total Cost	7,286,651	84,891,831	420,002	6,940,057	Property Rate Allowance	0.80
10. Charges	\$5,353,061	\$339,250,740	\$127,633	30,768,019	First Semester in effect:	2013/07
11. Fixed Costs	3,895,598.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	6,466.95	247.51	County Ceiling Base	Exempt	217.38	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,525.44	193.86	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations			
Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	6,940,056.96
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		6,940,056.96
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		7,174,961.82
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		24,063
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		298.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		198.92
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		198.92
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		237.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		223.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		198.92
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		198.92
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,278.64
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		1,321.92
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$198.92
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$49.56
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		149.36



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

117463 - 2013/07

Outpatient Rate: 74.60

Fawcett Memorial Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Charlotte (8)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	49,272,223	29,572,779	1,662,197	1,474,962	Total Bed Days	86,870
2. Routine	28,526,233		1,021,134		Total Inpatient Days	49,664
3. Special Care	6,608,155		195,263		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,813
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	31,601
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-1,394,850	-488,701	-47,570	-24,374	Medicaid Paid Claims	11,516
9. Total Cost	83,011,761	29,084,078	2,831,024	1,450,588	Property Rate Allowance	0.80
10. Charges	\$721,974,439	\$329,391,820	\$26,164,497	18,907,417	First Semester in effect:	2013/07
11. Fixed Costs	7,797,966.00		282,599.84		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,536.67		137.70	County Ceiling Base	958.20	177.56
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	715.02	96.82	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,612.43	187.82	FPLI	0.9509

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,450,587.71
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,450,587.71
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,507,943.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,516
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		130.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		99.35
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		99.35
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9509) for Charlotte county		187.82
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		182.19
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	182.19	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	99.35	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	99.35	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		18,907,417.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,641.84
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,706.76
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$99.35
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$24.75
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		74.60



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

117617 - 2013/07

Outpatient Rate: 76.72

Gulf Coast Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 2/1/2011-1/31/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Bay (3)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	42,925,527	39,986,372	6,516,917	5,761,516	Total Bed Days	64,240
2. Routine	23,843,966		4,729,767		Total Inpatient Days	40,537
3. Special Care	7,628,913		2,917,985		Total Newborn Days	3,745
4. Newborn Routine	1,521,928		987,528		Medicaid Inpatient Days	10,341
5. Intern-Resident	0		0		Medicaid Newborn IP Days	22
6. Home Health					Medicare Inpatient Days	16,434
7. Malpractice					Prospective Inflation factor	1.0379810095
8. Adjustments	-1,400,844	-737,808	-279,581	-106,309	Medicaid Paid Claims	57,446
9. Total Cost	74,519,490	39,248,564	14,872,616	5,655,207	Property Rate Allowance	0.80
10. Charges	\$605,267,897	\$437,698,078	\$97,482,622	67,850,397	First Semester in effect:	2013/07
11. Fixed Costs	9,123,450.00		1,469,395.34		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,498.49		114.05	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.001
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,519.17	176.96	FPLI	0.8959

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	5,655,207.42
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,655,207.42
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,869,997.91
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		57,446
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		102.18
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		102.18
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	102.18	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	102.18	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		67,850,397.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,181.12
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,225.98
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$102.18
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$25.46
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		76.72



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

117617 - 2013/07

Outpatient Rate: 76.72

County Billing ONLY

Gulf Coast Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 2/1/2011-1/31/2012

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Bay (3)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	42,925,527	39,986,372	6,516,917	5,761,516	Total Bed Days	64,240
2. Routine	23,843,966		4,729,767		Total Inpatient Days	40,537
3. Special Care	7,628,913		2,917,985		Total Newborn Days	3,745
4. Newborn Routine	1,521,928		987,528		Medicaid Inpatient Days	10,341
5. Intern-Resident	0		0		Medicaid Newborn IP Days	22
6. Home Health					Medicare Inpatient Days	16,434
7. Malpractice					Prospective Inflation factor	1.0379810095
8. Adjustments	-1,400,844	-737,808	-279,581	-106,309	Medicaid Paid Claims	57,446
9. Total Cost	74,519,490	39,248,564	14,872,616	5,655,207	Property Rate Allowance	0.80
10. Charges	\$605,267,897	\$437,698,078	\$97,482,622	67,850,397	First Semester in effect:	2013/07
11. Fixed Costs	9,123,450.00		1,469,395.34		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,498.49	114.05	County Ceiling Base	932.76	162.19	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	697.24	107.53	Cost Report DRI Index	2.001
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,519.17	176.96	FPLI	0.8959

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	5,655,207.42
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,655,207.42
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,869,997.91
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		57,446
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		102.18
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		110.34
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		102.18
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county		176.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		166.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		166.42
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		102.18
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		102.18
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	67,850,397.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,181.12	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,225.98	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$102.18	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$25.46	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	76.72	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

118079 - 2013/07

Outpatient Rate: 77.58

Brandon Regional Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	75,294,509	60,315,907	9,659,130	4,260,313	Total Bed Days	130,408
2. Routine	53,824,474		5,820,239		Total Inpatient Days	85,884
3. Special Care	19,958,939		4,291,528		Total Newborn Days	5,884
4. Newborn Routine	1,844,780		847,758		Medicaid Inpatient Days	12,302
5. Intern-Resident	0		0		Medicaid Newborn IP Days	40
6. Home Health					Medicare Inpatient Days	24,698
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-2,847,207	-1,137,879	-388,978	-80,372	Medicaid Paid Claims	42,056
9. Total Cost	148,075,495	59,178,028	20,229,677	4,179,941	Property Rate Allowance	0.80
10. Charges	\$1,208,400,608	\$689,174,251	\$120,196,902	53,943,049	First Semester in effect:	2013/07
11. Fixed Costs	16,585,550.00		1,649,727.51		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,673.92		110.51	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,585.30	184.66	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,179,940.79	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			4,179,940.79
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			4,345,213.72
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			42,056
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			103.32
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			103.32
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			103.32
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			103.32
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			53,943,049.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,282.65	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,333.37	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$103.32	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$25.74	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		77.58	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

118079 - 2013/07

Outpatient Rate: 77.58

County Billing ONLY

Brandon Regional Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	75,294,509	60,315,907	9,659,130	4,260,313	Total Bed Days	130,408
2. Routine	53,824,474		5,820,239		Total Inpatient Days	85,884
3. Special Care	19,958,939		4,291,528		Total Newborn Days	5,884
4. Newborn Routine	1,844,780		847,758		Medicaid Inpatient Days	12,302
5. Intern-Resident	0		0		Medicaid Newborn IP Days	40
6. Home Health					Medicare Inpatient Days	24,698
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-2,847,207	-1,137,879	-388,978	-80,372	Medicaid Paid Claims	42,056
9. Total Cost	148,075,495	59,178,028	20,229,677	4,179,941	Property Rate Allowance	0.80
10. Charges	\$1,208,400,608	\$689,174,251	\$120,196,902	53,943,049	First Semester in effect:	2013/07
11. Fixed Costs	16,585,550.00		1,649,727.51		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,673.92	110.51	County Ceiling Base	946.71	177.33	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	880.99	107.79	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,585.30	184.66	FPLI	0.9349

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,179,940.79
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,179,940.79
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,345,213.72
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		42,056
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		103.32
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		110.60
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		103.32
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		184.66
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	181.96	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	103.32	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	103.32	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		53,943,049.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,282.65
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,333.37
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$103.32
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$25.74
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		77.58



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

119695 - 2013/07

Outpatient Rate: 87.16

Lawnwood Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: Special

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

County: St Lucie (56)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	76,702,428	34,132,604	13,784,607	4,749,834	Total Bed Days	133,590
2. Routine	56,806,881		8,470,233		Total Inpatient Days	94,346
3. Special Care	17,803,713		2,767,027		Total Newborn Days	5,436
4. Newborn Routine	3,363,392		2,562,161		Medicaid Inpatient Days	14,752
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,174
6. Home Health					Medicare Inpatient Days	39,472
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-2,902,536	-640,506	-517,620	-89,132	Medicaid Paid Claims	41,694
9. Total Cost	151,773,879	33,492,099	27,066,408	4,660,702	Property Rate Allowance	0.80
10. Charges	\$1,410,689,433	\$393,900,323	\$222,199,473	58,089,619	First Semester in effect:	2013/07
11. Fixed Costs	14,071,657.00		2,216,444.45		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,571.16		112.55	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.42	202.50	FPLI	1.0252

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,660,702.37
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,660,702.37
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,811,271.78
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		41,694
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		115.39
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		115.39
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0252) for St Lucie county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	115.39	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	115.39	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		58,089,619.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,393.24
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,438.25
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$115.39
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$28.75
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU} * 66\% \right]$		2.83
AW	Buy Back of Medicaid Trend Adjustment		3.35
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		87.16



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

119695 - 2013/07

Outpatient Rate: 77.90

County Billing ONLY

Lawnwood Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: St Lucie (56)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	76,702,428	34,132,604	13,784,607	4,749,834	Total Bed Days	133,590
2. Routine	56,806,881		8,470,233		Total Inpatient Days	94,346
3. Special Care	17,803,713		2,767,027		Total Newborn Days	5,436
4. Newborn Routine	3,363,392		2,562,161		Medicaid Inpatient Days	14,752
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,174
6. Home Health					Medicare Inpatient Days	39,472
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-2,902,536	-640,506	-517,620	-89,132	Medicaid Paid Claims	41,694
9. Total Cost	151,773,879	33,492,099	27,066,408	4,660,702	Property Rate Allowance	0.80
10. Charges	\$1,410,689,433	\$393,900,323	\$222,199,473	58,089,619	First Semester in effect:	2013/07
11. Fixed Costs	14,071,657.00		2,216,444.45		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,571.16	112.55	County Ceiling Base	993.71	181.81	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	865.28	101.11	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.42	202.50	FPLI	1.0252

Rate Calculations		
Rates are based on Medicaid Costs		
		Inpatient Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	4,660,702.37
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,660,702.37
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,811,271.78
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	41,694
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	115.39
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	103.75
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	103.75
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0252) for St Lucie county	202.50
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	186.55
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	186.55
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	103.75
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	103.75
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	58,089,619.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,393.24
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,438.25
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$103.75
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$25.85
AV	Exemption Tier Adj	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00
AY	Final Prospective Rates	77.90



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

119717 - 2013/07

Outpatient Rate: 105.96

Cape Coral Hospital

Type of Control: Government (4)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: Self Exempt

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

County: Lee (36)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	54,662,333	46,075,178	4,564,527	3,405,830	Total Bed Days	106,506
2. Routine	40,280,526		2,008,326		Total Inpatient Days	63,685
3. Special Care	8,733,170		504,255		Total Newborn Days	0
4. Newborn Routine	4,929,166		2,365,395		Medicaid Inpatient Days	4,745
5. Intern-Resident	0		0		Medicaid Newborn IP Days	74
6. Home Health					Medicare Inpatient Days	29,481
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-1,718,410	-729,027	-149,404	-53,889	Medicaid Paid Claims	32,656
9. Total Cost	106,886,785	45,346,151	9,293,099	3,351,941	Property Rate Allowance	0.80
10. Charges	\$453,505,732	\$281,225,358	\$32,086,257	23,534,418	First Semester in effect:	2013/07
11. Fixed Costs	11,459,614.00		810,786.05		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,917.12		111.80	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,607.17	187.21	FPLI	0.9478

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,351,941.11
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,351,941.11
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,460,229.47
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		32,656
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		105.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		105.96
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	105.96	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	105.96	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		23,534,418.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		720.68
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		743.96
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$105.96
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$26.40
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		26.40
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		105.96



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

119717 - 2013/07

Outpatient Rate: 57.53

County Billing ONLY

Cape Coral Hospital

Type of Control: Government (4)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Lee (36)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	54,662,333	46,075,178	4,564,527	3,405,830	Total Bed Days	106,506
2. Routine	40,280,526		2,008,326		Total Inpatient Days	63,685
3. Special Care	8,733,170		504,255		Total Newborn Days	0
4. Newborn Routine	4,929,166		2,365,395		Medicaid Inpatient Days	4,745
5. Intern-Resident	0		0		Medicaid Newborn IP Days	74
6. Home Health					Medicare Inpatient Days	29,481
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-1,718,410	-729,027	-149,404	-53,889	Medicaid Paid Claims	32,656
9. Total Cost	106,886,785	45,346,151	9,293,099	3,351,941	Property Rate Allowance	0.80
10. Charges	\$453,505,732	\$281,225,358	\$32,086,257	23,534,418	First Semester in effect:	2013/07
11. Fixed Costs	11,459,614.00		810,786.05		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,917.12	111.80	County Ceiling Base	989.46	182.12	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	981.14	74.67	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,607.17	187.21	FPLI	0.9478

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,351,941.11
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,351,941.11
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,460,229.47
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		32,656
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		105.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		76.62
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		76.62
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county		187.21
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		186.87
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	186.87	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	76.62	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	76.62	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		23,534,418.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		720.68
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		743.96
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$76.62
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$19.09
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		57.53



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

119733 - 2013/07

Outpatient Rate: 51.94

Venice Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	54,839,380	42,115,328	1,428,271	532,477	Total Bed Days	113,880
2. Routine	31,006,104		1,277,938		Total Inpatient Days	51,190
3. Special Care	8,140,845		487,932		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,280
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	31,810
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-312,865	-140,195	-10,633	-1,773	Medicaid Paid Claims	7,976
9. Total Cost	93,673,464	41,975,133	3,183,508	530,704	Property Rate Allowance	0.80
10. Charges	\$549,123,822	\$317,871,216	\$15,357,035	5,569,242	First Semester in effect:	2013/07
11. Fixed Costs	16,640,389.00		465,372.34		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,259.96		70.32	County Ceiling Base	959.19	180.91
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	637.10	78.40	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,667.88	194.28	FPLI	0.9836

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	530,704.47
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		530,704.47
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		551,688.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,976
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		69.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		80.45
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		69.17
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county		194.28
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	185.63	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	69.17	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	69.17	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		5,569,242.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		698.25
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		725.86
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$69.17
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$17.23
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		51.94



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

119741 - 2013/07

Outpatient Rate: 90.33

Largo Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 3/1/2011-2/29/2012

Hospital Classification: Statutory Teaching

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	87,404,330	36,949,993	3,386,786	1,313,237	Total Bed Days	144,616
2. Routine	53,670,908		1,914,524		Total Inpatient Days	88,170
3. Special Care	15,861,143		906,763		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,271
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	42,973
7. Malpractice					Prospective Inflation factor	1.0364271457
8. Adjustments	-2,387,389	-562,101	-94,440	-19,978	Medicaid Paid Claims	11,195
9. Total Cost	154,548,992	36,387,892	6,113,633	1,293,259	Property Rate Allowance	0.80
10. Charges	\$1,101,549,614	\$330,086,228	\$45,772,696	14,187,372	First Semester in effect:	2013/07
11. Fixed Costs	14,330,906.00		595,492.20		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,415.21		126.54	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.004
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,604.46	186.89	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,293,259.43
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,293,259.43
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,340,369.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,195
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.73
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		119.73
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	119.73	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	119.73	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		14,187,372.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,267.30
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,313.46
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$119.73
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$29.83
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU * 70\%} \right]$		2.43
AW	Buy Back of Medicaid Trend Adjustment		2.86
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		90.33



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

119741 - 2013/07

Outpatient Rate: 81.57

County Billing ONLY

Largo Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 3/1/2011-2/29/2012

Hospital Classification: Statutory Teaching

Type of Action: Amended Cost Report [2]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	87,404,330	36,949,993	3,386,786	1,313,237	Total Bed Days	144,616
2. Routine	53,670,908		1,914,524		Total Inpatient Days	88,170
3. Special Care	15,861,143		906,763		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,271
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	42,973
7. Malpractice					Prospective Inflation factor	1.0364271457
8. Adjustments	-2,387,389	-562,101	-94,440	-19,978	Medicaid Paid Claims	11,195
9. Total Cost	154,548,992	36,387,892	6,113,633	1,293,259	Property Rate Allowance	0.80
10. Charges	\$1,101,549,614	\$330,086,228	\$45,772,696	14,187,372	First Semester in effect:	2013/07
11. Fixed Costs	14,330,906.00		595,492.20		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,415.21	126.54	County Ceiling Base	944.75	176.95	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,279.92	105.88	Cost Report DRI Index	2.004
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,604.46	186.89	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,293,259.43
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,293,259.43
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,340,369.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,195
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.73
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		108.64
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		108.64
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		186.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	181.57	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	108.64	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	108.64	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		14,187,372.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,267.30
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,313.46
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$108.64
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$27.07
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		81.57



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

119750 - 2013/07

Outpatient Rate: 106.51

Raulerson Hospital

Type of Control: Proprietary(1)

Fiscal Year : 5/1/2011-4/30/2012

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Okeechobee (47)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,663,959	16,635,055	1,508,014	3,004,783	Total Bed Days	36,600
2. Routine	12,736,773		1,068,337		Total Inpatient Days	18,602
3. Special Care	3,946,528		363,439		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,668
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,104
7. Malpractice					Prospective Inflation factor	1.0343625498
8. Adjustments	-525,912	-270,458	-47,796	-48,853	Medicaid Paid Claims	28,707
9. Total Cost	31,821,348	16,364,597	2,891,994	2,955,930	Property Rate Allowance	1.00
10. Charges	\$174,515,912	\$131,743,746	\$16,493,730	23,004,689	First Semester in effect:	2013/07
11. Fixed Costs	3,923,272.00		370,793.63		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,507.38		102.69	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,758.77	204.87	FPLI	1.0372

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,955,930.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,955,930.29
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,057,503.59
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		28,707
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		106.51
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.51
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0372) for Okeechobee county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	106.51	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	106.51	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		23,004,689.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		801.36
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		828.90
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$106.51
AU	Medicaid Trend Adjustment IP% : 12.012 OP% : 8.223		\$8.76
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		8.76
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		106.51



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

119768 - 2013/07

Outpatient Rate: 86.66

Lake City Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 11/1/2011-10/31/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Columbia (12)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	10,240,592	17,346,451	893,602	2,265,788	Total Bed Days 24,522
2. Routine	12,333,558		701,768		Total Inpatient Days 17,136
3. Special Care	2,322,461		72,355		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 1,069
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 11,480
7. Malpractice					Prospective Inflation factor 1.0317933433
8. Adjustments	-393,040	-273,846	-26,328	-35,770	Medicaid Paid Claims 18,589
9. Total Cost	24,503,571	17,072,605	1,641,397	2,230,018	Property Rate Allowance 0.80
10. Charges	\$136,355,861	\$161,585,930	\$9,704,870	20,595,843	First Semester in effect: 2013/07
11. Fixed Costs	3,777,889.00		268,884.09		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,465.10		136.89	County Ceiling Base	905.44	163.55
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	520.91	112.49	Cost Report DRI Index	2.013
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,533.24	178.60	FPLI	0.9042

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,230,018.28
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,230,018.28
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,300,918.02
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,589
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		123.78
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		115.42
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		115.42
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9042) for Columbia county		178.60
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		167.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	167.82	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	115.42	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	115.42	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		20,595,843.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,107.96
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,143.19
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$115.42
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$28.76
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		86.66



Florida Agency For Health Care Administration

119784 - 2013/07

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

Florida State Hospital-Med

Type of Control: Government (4)

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Gadsden (20)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,958,895		0		Total Bed Days	8,760
2. Routine	2,863,870		0		Total Inpatient Days	3,796
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	0
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.033333333
8. Adjustments	0		0		Medicaid Paid Claims	0
9. Total Cost	11,822,765		0		Property Rate Allowance	0.80
10. Charges	\$11,822,765		\$0		First Semester in effect:	2013/07
11. Fixed Costs	759,309.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	3,329.63		County Ceiling Base	922.08		Semester DRI Index	2.0770
2. Base Rate Semester	2012/07		Variable Cost Base	652.20		Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01		State Ceiling	1,695.69		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816		County Ceiling	1,533.75		FPLI	0.9045

Rate Calculations				
Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200			Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)		Reimbursed by Diagnosis Related Groups	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)			
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9045) for Gadsden county			
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)			
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))			\$0.00
AU	Medicaid Trend Adjustment	IP% : 30.458 OP% : 0.000		\$0.00
AV	Exemption Tier Adj			0.00
AW	Buy Back of Medicaid Trend Adjustment			0.00
AX	Buy Back of Exemption Tier Adjustment			0.00
AY	Final Prospective Rates			



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

119806 - 2013/07

Outpatient Rate: 79.92

Capital Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 5/1/2011-4/30/2012
 Hospital Classification: General

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

County: Leon (37)
 District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	45,445,382	42,935,666	5,093,961	3,119,143	Total Bed Days	72,468
2. Routine	32,467,308		3,456,800		Total Inpatient Days	50,674
3. Special Care	5,283,647		510,467		Total Newborn Days	2,266
4. Newborn Routine	895,154		454,296		Medicaid Inpatient Days	5,778
5. Intern-Resident	0		0		Medicaid Newborn IP Days	17
6. Home Health					Medicare Inpatient Days	18,945
7. Malpractice					Prospective Inflation factor	1.0343625498
8. Adjustments	-1,254,536	-640,544	-141,959	-46,534	Medicaid Paid Claims	32,612
9. Total Cost	82,836,955	42,295,122	9,373,565	3,072,609	Property Rate Allowance	0.80
10. Charges	\$499,339,420	\$324,712,436	\$47,901,152	23,472,468	First Semester in effect:	2013/07
11. Fixed Costs	13,159,219.00		1,262,351.27		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,507.64		101.48	County Ceiling Base	960.75	175.63
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	934.83	104.26	Cost Report DRI Index	2.008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,628.37	189.68	FPLI	0.9603

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	3,072,609.44	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			3,072,609.44
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			3,178,192.13
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			32,612
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			97.45
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			106.98
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			97.45
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county			189.68
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			180.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			180.21
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			97.45
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			97.45
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			23,472,468.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		719.75	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		744.48	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$97.45	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$24.28	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		6.75	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates		79.92	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

119849 - 2013/07

Outpatient Rate: 96.90

Town and Country Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

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

County: Hillsborough (29)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	17,689,727	16,283,115	1,545,639	1,275,000	Total Bed Days	75,190
2. Routine	12,779,990		887,602		Total Inpatient Days	25,302
3. Special Care	2,609,037		61,649		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,198
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,601
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-409,305	-201,481	-30,871	-15,776	Medicaid Paid Claims	10,205
9. Total Cost	32,669,449	16,081,634	2,464,019	1,259,224	Property Rate Allowance	0.80
10. Charges	\$167,617,103	\$123,631,791	\$14,110,709	11,791,975	First Semester in effect:	2013/07
11. Fixed Costs	4,784,289.00		402,761.46		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,042.75		137.20	County Ceiling Base	946.71	177.33
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	651.34	94.44	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,585.30	184.66	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,259,223.61
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,259,223.61
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,309,012.73
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		10,205
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		128.27
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		96.90
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		96.90
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		184.66
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	181.96	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	96.90	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	96.90	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		11,791,975.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,155.51
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,201.20
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$96.90
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$24.14
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		24.14
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		96.90



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

119881 - 2013/07

Outpatient Rate: 80.90

Regional Medical Center Bayonet Point

Type of Control: Proprietary(1)
 Fiscal Year : 3/1/2011-2/29/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	62,736,025	29,736,198	3,177,209	1,217,841	Total Bed Days	98,088
2. Routine	32,837,355		2,173,976		Total Inpatient Days	62,963
3. Special Care	16,133,277		790,942		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,107
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	27,473
7. Malpractice					Prospective Inflation factor	1.0364271457
8. Adjustments	-1,799,926	-479,138	-98,968	-19,623	Medicaid Paid Claims	11,525
9. Total Cost	109,906,731	29,257,060	6,043,159	1,198,218	Property Rate Allowance	0.80
10. Charges	\$906,507,636	\$308,602,351	\$47,933,294	16,830,047	First Semester in effect:	2013/07
11. Fixed Costs	10,541,750.00		557,414.83		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,439.64		112.05	County Ceiling Base	856.32	173.57
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	833.26	106.46	Cost Report DRI Index	2.004
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,630.58	189.94	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,198,217.97
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,198,217.97
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,241,865.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,525
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		107.75
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		109.24
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		107.75
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county		189.94
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		178.10
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	178.10	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	107.75	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	107.75	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		16,830,047.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,460.31
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,513.50
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$107.75
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$26.85
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		80.90



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

119938 - 2013/07

Outpatient Rate: 14.66

Kindred Hospital - Coral Gables

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2011-8/31/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,760,882	0	0	0	Total Bed Days	19,398
2. Routine	9,848,981		0		Total Inpatient Days	16,276
3. Special Care	1,709,485		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	0
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-383,972	0	0	0	Medicaid Paid Claims	0
9. Total Cost	21,935,376	0	0	0	Property Rate Allowance	0.80
10. Charges	\$105,605,651	\$0	\$0	0	First Semester in effect:	2013/07
11. Fixed Costs	2,896,814.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,002.34		0.00	County Ceiling Base	1,023.01	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	858.32	NA	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

119946 - 2013/07

Outpatient Rate: 107.74

South Bay Hospital

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2011-8/31/2012

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	23,683,527	17,312,377	676,704	662,221	Total Bed Days	40,992
2. Routine	18,559,451		458,138		Total Inpatient Days	31,604
3. Special Care	3,169,156		141,823		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	857
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,326
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-700,240	-266,951	-19,686	-10,211	Medicaid Paid Claims	6,247
9. Total Cost	44,711,894	17,045,426	1,256,979	652,010	Property Rate Allowance	0.80
10. Charges	\$371,091,993	\$182,572,369	\$10,011,432	8,534,737	First Semester in effect:	2013/07
11. Fixed Costs	4,660,236.00		125,725.26		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,457.55		115.24	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,585.30	184.66	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	652,009.77
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		652,009.77
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		673,073.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,247
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		107.74
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		107.74
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	107.74	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	107.74	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		8,534,737.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,366.21
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,410.35
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$107.74
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$26.84
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		26.84
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		107.74



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

119946 - 2013/07

Outpatient Rate: 70.91

County Billing ONLY

South Bay Hospital

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2011-8/31/2012

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	23,683,527	17,312,377	676,704	662,221	Total Bed Days	40,992
2. Routine	18,559,451		458,138		Total Inpatient Days	31,604
3. Special Care	3,169,156		141,823		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	857
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,326
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-700,240	-266,951	-19,686	-10,211	Medicaid Paid Claims	6,247
9. Total Cost	44,711,894	17,045,426	1,256,979	652,010	Property Rate Allowance	0.80
10. Charges	\$371,091,993	\$182,572,369	\$10,011,432	8,534,737	First Semester in effect:	2013/07
11. Fixed Costs	4,660,236.00		125,725.26		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,457.55	115.24	County Ceiling Base	946.71	177.33	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	847.53	92.04	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,585.30	184.66	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	652,009.77
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		652,009.77
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		673,073.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,247
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		107.74
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		94.44
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		94.44
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		184.66
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	181.96	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	94.44	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	94.44	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		8,534,737.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,366.21
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,410.35
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$94.44
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$23.53
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		70.91



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

119954 - 2013/07

Outpatient Rate: 69.66

Doctors Hospital Of Sarasota

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	38,280,837	22,903,239	710,678	386,941	Total Bed Days	56,575
2. Routine	20,653,621		604,015		Total Inpatient Days	30,412
3. Special Care	3,641,962		192,934		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	984
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	17,053
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-1,014,661	-371,370	-24,446	-6,274	Medicaid Paid Claims	4,248
9. Total Cost	61,561,759	22,531,869	1,483,181	380,667	Property Rate Allowance	0.80
10. Charges	\$395,129,695	\$185,409,803	\$9,322,900	3,906,624	First Semester in effect:	2013/07
11. Fixed Costs	6,705,455.00		158,212.07		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,423.09		94.70	County Ceiling Base	959.19	180.91
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	998.63	90.41	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,667.88	194.28	FPLI	0.9836

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	380,666.85
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		380,666.85
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		395,718.24
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		4,248
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		93.15
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		92.77
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		92.77
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county		194.28
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	185.63	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	92.77	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	92.77	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		3,906,624.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		919.64
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		956.00
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$92.77
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$23.11
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		69.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

119971 - 2013/07

Outpatient Rate: 81.69

St. Lucie Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: St Lucie (56)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	50,178,768	26,014,195	5,170,514	2,029,310	Total Bed Days	83,814
2. Routine	35,766,990		2,850,983		Total Inpatient Days	55,743
3. Special Care	5,968,864		451,607		Total Newborn Days	1,584
4. Newborn Routine	393,431		329,352		Medicaid Inpatient Days	4,690
5. Intern-Resident	0		0		Medicaid Newborn IP Days	83
6. Home Health					Medicare Inpatient Days	27,725
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-1,772,893	-499,635	-169,062	-38,975	Medicaid Paid Claims	18,649
9. Total Cost	90,535,160	25,514,560	8,633,394	1,990,335	Property Rate Allowance	0.80
10. Charges	\$742,710,456	\$255,586,617	\$53,911,247	19,962,463	First Semester in effect:	2013/07
11. Fixed Costs	10,423,176.00		756,588.80		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,661.72		107.46	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.42	202.50	FPLI	1.0252

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,990,334.54
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,990,334.54
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,054,634.61
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,649
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		110.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		110.17
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0252) for St Lucie county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	110.17	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	110.17	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		19,962,463.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,070.43
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,105.01
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$110.17
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$27.45
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU} * 66\% \right]$		1.03
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		81.69



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

119971 - 2013/07

Outpatient Rate: 79.69

County Billing ONLY

St. Lucie Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: St Lucie (56)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	50,178,768	26,014,195	5,170,514	2,029,310	Total Bed Days	83,814
2. Routine	35,766,990		2,850,983		Total Inpatient Days	55,743
3. Special Care	5,968,864		451,607		Total Newborn Days	1,584
4. Newborn Routine	393,431		329,352		Medicaid Inpatient Days	4,690
5. Intern-Resident	0		0		Medicaid Newborn IP Days	83
6. Home Health					Medicare Inpatient Days	27,725
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-1,772,893	-499,635	-169,062	-38,975	Medicaid Paid Claims	18,649
9. Total Cost	90,535,160	25,514,560	8,633,394	1,990,335	Property Rate Allowance	0.80
10. Charges	\$742,710,456	\$255,586,617	\$53,911,247	19,962,463	First Semester in effect:	2013/07
11. Fixed Costs	10,423,176.00		756,588.80		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,661.72	107.46	County Ceiling Base	993.71	181.81	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	803.71	103.43	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.42	202.50	FPLI	1.0252

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,990,334.54
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,990,334.54
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,054,634.61
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,649
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		110.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		106.13
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.13
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0252) for St Lucie county		202.50
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		186.55
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	186.55	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	106.13	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	106.13	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		19,962,463.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,070.43
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,105.01
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$106.13
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$26.44
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		79.69



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

119989 - 2013/07

Outpatient Rate: 68.70

Seven Rivers Community Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2011-5/31/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Citrus (9)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	25,613,950	19,912,536	3,417,148	1,602,439	Total Bed Days	46,848
2. Routine	13,137,219		1,052,543		Total Inpatient Days	26,015
3. Special Care	4,360,029		374,680		Total Newborn Days	506
4. Newborn Routine	155,759		98,502		Medicaid Inpatient Days	2,573
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	17,944
7. Malpractice					Prospective Inflation factor	1.0338476854
8. Adjustments	-703,272	-323,663	-80,343	-26,046	Medicaid Paid Claims	17,811
9. Total Cost	42,563,685	19,588,873	4,862,530	1,576,393	Property Rate Allowance	0.80
10. Charges	\$308,488,094	\$195,046,274	\$30,273,685	20,249,071	First Semester in effect:	2013/07
11. Fixed Costs	6,417,697.00		629,804.98		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,913.74		102.96	County Ceiling Base	854.39	164.43
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	728.09	95.11	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,506.96	175.54	FPLI	0.8887

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,576,392.56
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,576,392.56
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,629,749.80
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,811
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		91.50
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		97.59
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		91.50
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8887) for Citrus county		175.54
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		168.72
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	168.72	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	91.50	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	91.50	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		20,249,071.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,136.89
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,175.37
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$91.50
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$22.80
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		68.70



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120006 - 2013/07

Outpatient Rate: 79.04

Plantation General Hospital

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2011-8/31/2012

Hospital Classification: Special

Type of Action: Amended Cost Report [2]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	111,168,774	75,786,872	15,760,068	6,636,482	Total Bed Days 232,106
2. Routine	76,066,730		8,342,016		Total Inpatient Days 119,289
3. Special Care	30,745,726		8,552,043		Total Newborn Days 8,131
4. Newborn Routine	1,961,088		800,268		Medicaid Inpatient Days 22,390
5. Intern-Resident	0		0		Medicaid Newborn IP Days 202
6. Home Health					Medicare Inpatient Days 27,982
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-3,221,073	-1,109,905	-489,942	-97,192	Medicaid Paid Claims 62,306
9. Total Cost	216,721,245	74,676,967	32,964,453	6,539,290	Property Rate Allowance 0.80
10. Charges	\$1,407,466,839	\$700,095,563	\$210,709,783	59,146,620	First Semester in effect: 2013/07
11. Fixed Costs	24,281,694.00		3,635,176.57		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,238.60	100.14	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	6,539,290.18
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,539,290.18
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,750,549.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		62,306
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		108.35
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		108.35
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	108.35	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	108.35	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		59,146,620.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		949.29
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		979.96
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$108.35
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$27.00
AV	Exemption Tier Adj $\left[\frac{AG-CBAM - ((AG-CBAM) / AT) * AU}{AG-CBAM - ((AG-CBAM) / AT) * AU * 66\%} \right]$		2.31
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		79.04



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120006 - 2013/07

Outpatient Rate: 74.54

County Billing ONLY

Plantation General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2011-8/31/2012
 Hospital Classification: Special

Type of Action: Amended Cost Report [2]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	111,168,774	75,786,872	15,760,068	6,636,482	Total Bed Days 232,106
2. Routine	76,066,730		8,342,016		Total Inpatient Days 119,289
3. Special Care	30,745,726		8,552,043		Total Newborn Days 8,131
4. Newborn Routine	1,961,088		800,268		Medicaid Inpatient Days 22,390
5. Intern-Resident	0		0		Medicaid Newborn IP Days 202
6. Home Health					Medicare Inpatient Days 27,982
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-3,221,073	-1,109,905	-489,942	-97,192	Medicaid Paid Claims 62,306
9. Total Cost	216,721,245	74,676,967	32,964,453	6,539,290	Property Rate Allowance 0.80
10. Charges	\$1,407,466,839	\$700,095,563	\$210,709,783	59,146,620	First Semester in effect: 2013/07
11. Fixed Costs	24,281,694.00		3,635,176.57		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,238.60	100.14	County Ceiling Base	986.86	202.85	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	983.18	96.75	Cost Report DRI Index 2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI 1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	6,539,290.18
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,539,290.18
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,750,549.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		62,306
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		108.35
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		99.27
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		99.27
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		208.14
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	208.14	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	99.27	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	99.27	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		59,146,620.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		949.29
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		979.96
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$99.27
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$24.73
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		74.54



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120014 - 2013/07

Outpatient Rate: 68.15

Sebastian Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Indian River (31)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,717,790	20,529,917	591,502	1,133,898	Total Bed Days	56,364
2. Routine	14,407,372		713,822		Total Inpatient Days	20,136
3. Special Care	4,028,903		190,986		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,036
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,593
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-550,502	-330,905	-24,118	-18,276	Medicaid Paid Claims	12,118
9. Total Cost	33,603,563	20,199,012	1,472,192	1,115,622	Property Rate Allowance	0.80
10. Charges	\$273,025,805	\$296,201,299	\$11,060,118	18,459,750	First Semester in effect:	2013/07
11. Fixed Costs	5,700,603.00		230,928.14		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,303.58		100.17	County Ceiling Base	940.82	166.38
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	762.11	88.46	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,608.87	187.41	FPLI	0.9488

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,115,621.61	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,115,621.61	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,151,663.06	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			12,118
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			95.04
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			90.77
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			90.77
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9488) for Indian River county			187.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			170.72
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		170.72	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		90.77	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		90.77	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		18,459,750.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,523.33	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,572.54	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$90.77	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$22.62	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates		68.15	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120022 - 2013/07

Outpatient Rate: 14.66

St. Catherine's Rehabilitation Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	10,556,985	888,750	411,162	0	Total Bed Days 21,960
2. Routine	11,977,071		784,256		Total Inpatient Days 16,402
3. Special Care	0		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 1,074
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 11,820
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-467,591	-18,442	-24,805	0	Medicaid Paid Claims 0
9. Total Cost	22,066,465	870,308	1,170,613	0	Property Rate Allowance 0.80
10. Charges	\$47,317,656	\$2,892,602	\$2,573,299	0	First Semester in effect: 2013/07
11. Fixed Costs	2,266,610.00		123,266.15		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	835.64		0.00	County Ceiling Base	1,023.01	NA
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	609.33	NA	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120057 - 2013/07

Outpatient Rate: 205.14

Healthsouth Larkin Hospital-Miami

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2012-12/31/2012
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	22,053,618	14,358,414	2,123,668	1,462,340	Total Bed Days 47,580
2. Routine	30,508,299		3,057,853		Total Inpatient Days 27,408
3. Special Care	2,244,617		337,466		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 2,920
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 15,326
7. Malpractice					Prospective Inflation factor 1.0307692308
8. Adjustments	-613,800	-160,806	-61,809	-16,377	Medicaid Paid Claims 4,362
9. Total Cost	54,192,734	14,197,608	5,457,178	1,445,963	Property Rate Allowance 0.80
10. Charges	\$170,384,713	\$87,822,356	\$18,523,020	5,850,853	First Semester in effect: 2013/07
11. Fixed Costs	7,660,205.00		832,763.27		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,355.05		283.63	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.015
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,445,962.67
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,445,962.67
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,490,453.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		4,362
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		341.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		341.69
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	341.69	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	341.69	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		5,850,853.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,341.32
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,382.59
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$341.69
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$85.13
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU} * 66\% \right]$		51.42
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		205.14



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120057 - 2013/07

Outpatient Rate: 104.52

County Billing ONLY

Healthsouth Larkin Hospital-Miami

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2012-12/31/2012
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	22,053,618	14,358,414	2,123,668	1,462,340	Total Bed Days 47,580
2. Routine	30,508,299		3,057,853		Total Inpatient Days 27,408
3. Special Care	2,244,617		337,466		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 2,920
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 15,326
7. Malpractice					Prospective Inflation factor 1.0307692308
8. Adjustments	-613,800	-160,806	-61,809	-16,377	Medicaid Paid Claims 4,362
9. Total Cost	54,192,734	14,197,608	5,457,178	1,445,963	Property Rate Allowance 0.80
10. Charges	\$170,384,713	\$87,822,356	\$18,523,020	5,850,853	First Semester in effect: 2013/07
11. Fixed Costs	7,660,205.00		832,763.27		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,355.05	283.63	County Ceiling Base	1,023.01	217.38	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	655.78	135.66	Cost Report DRI Index 2.015
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI 1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,445,962.67
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,445,962.67
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,490,453.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		4,362
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		341.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		139.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		139.20
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		237.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		223.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		139.20
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		139.20
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		5,850,853.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,341.32	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,382.59	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$139.20	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$34.68	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	104.52	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

120073 - 2013/07

Outpatient Rate: 61.51

Oak Hill Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 3/1/2011-2/29/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Hernando (27)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	52,858,653	24,746,339	1,515,519	924,210	Total Bed Days	87,752
2. Routine	33,116,483		1,081,721		Total Inpatient Days	58,607
3. Special Care	15,317,084		451,516		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,047
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	30,413
7. Malpractice					Prospective Inflation factor	1.0364271457
8. Adjustments	-1,751,449	-427,890	-52,716	-15,981	Medicaid Paid Claims	9,586
9. Total Cost	99,540,771	24,318,449	2,996,040	908,229	Property Rate Allowance	0.80
10. Charges	\$972,806,138	\$341,981,094	\$29,005,540	15,464,596	First Semester in effect:	2013/07
11. Fixed Costs	10,624,371.00		316,780.09		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,495.81	108.28	County Ceiling Base	891.93	174.27	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	646.41	79.84	Cost Report DRI Index	2.004
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,537.82	179.13	FPLI	0.9069

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	908,229.44
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		908,229.44
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		941,313.65
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		9,586
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		98.20
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		81.92
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		81.92
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9069) for Hernando county		179.13
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		178.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	178.82	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	81.92	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	81.92	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,464,596.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,613.25
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,672.02
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$81.92
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$20.41
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		61.51



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120081 - 2013/07

Outpatient Rate: 72.37

Mease Hospital Countryside

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

Fiscal Year : 1/1/2012-12/31/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	66,840,867	64,519,878	8,329,303	2,850,165	Total Bed Days 110,898
2. Routine	46,346,005		3,419,397		Total Inpatient Days 71,156
3. Special Care	14,685,445		3,167,054		Total Newborn Days 3,887
4. Newborn Routine	1,366,106		659,339		Medicaid Inpatient Days 8,203
5. Intern-Resident	0		0		Medicaid Newborn IP Days 90
6. Home Health					Medicare Inpatient Days 28,924
7. Malpractice					Prospective Inflation factor 1.0307692308
8. Adjustments	-2,012,369	-1,004,638	-242,519	-44,380	Medicaid Paid Claims 19,379
9. Total Cost	127,226,054	63,515,240	15,332,574	2,805,785	Property Rate Allowance 0.80
10. Charges	\$569,573,784	\$446,885,441	\$58,237,091	17,455,026	First Semester in effect: 2013/07
11. Fixed Costs	16,288,586.00		1,665,455.63		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,795.33		157.73	County Ceiling Base	944.75	176.95
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	829.36	93.94	Cost Report DRI Index	2.015
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,604.46	186.89	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,805,785.13
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,805,785.13
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,892,116.98
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		19,379
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		149.24
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		96.39
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		96.39
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		186.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	181.57	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	96.39	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	96.39	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		17,455,026.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		900.72
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		928.43
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$96.39
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$24.02
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		72.37



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120090 - 2013/07

Outpatient Rate: 122.44

Delray Comm. Hosp.

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Self Exempt

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

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	95,560,132	47,540,242	3,937,351	1,005,764	Total Bed Days	169,725
2. Routine	60,008,563		1,969,325		Total Inpatient Days	95,855
3. Special Care	25,082,072		1,358,084		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,858
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	42,096
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-2,737,088	-720,295	-110,070	-15,239	Medicaid Paid Claims	8,410
9. Total Cost	177,913,679	46,819,947	7,154,690	990,525	Property Rate Allowance	0.80
10. Charges	\$1,195,280,564	\$406,261,645	\$51,452,728	9,683,760	First Semester in effect:	2013/07
11. Fixed Costs	15,662,537.00		674,218.49		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,703.41		119.44	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	990,525.40	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			990,525.40
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			1,029,690.32
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			8,410
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			122.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			122.44
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			122.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			122.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			9,683,760.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,151.46	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,196.99	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$122.44	
AU	Medicaid Trend Adjustment IP% : 29.426 OP% : 24.149		\$29.57	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		29.57	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		122.44	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120090 - 2013/07

Outpatient Rate: 87.79

County Billing ONLY

Delray Comm. Hosp.

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	95,560,132	47,540,242	3,937,351	1,005,764	Total Bed Days	169,725
2. Routine	60,008,563		1,969,325		Total Inpatient Days	95,855
3. Special Care	25,082,072		1,358,084		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,858
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	42,096
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-2,737,088	-720,295	-110,070	-15,239	Medicaid Paid Claims	8,410
9. Total Cost	177,913,679	46,819,947	7,154,690	990,525	Property Rate Allowance	0.80
10. Charges	\$1,195,280,564	\$406,261,645	\$51,452,728	9,683,760	First Semester in effect:	2013/07
11. Fixed Costs	15,662,537.00		674,218.49		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,703.41	119.44	County Ceiling Base	1,026.08	191.82	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	793.84	113.95	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	990,525.40
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		990,525.40
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,029,690.32
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,410
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		122.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		116.92
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		116.92
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		202.48
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		196.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		196.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		116.92
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		116.92
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		9,683,760.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,151.46	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,196.99	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$116.92	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$29.13	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	87.79	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120103 - 2013/07

Outpatient Rate: 87.84

St. Petersburg General Hospital

Type of Control: Proprietary(1)

Fiscal Year : 5/1/2011-4/30/2012

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	28,013,860	23,967,483	3,882,608	1,873,397	Total Bed Days	80,154
2. Routine	20,914,437		2,125,894		Total Inpatient Days	32,301
3. Special Care	6,862,118		636,394		Total Newborn Days	2,242
4. Newborn Routine	1,799,812		1,132,708		Medicaid Inpatient Days	3,534
5. Intern-Resident	0		0		Medicaid Newborn IP Days	183
6. Home Health					Medicare Inpatient Days	13,240
7. Malpractice					Prospective Inflation factor	1.0343625498
8. Adjustments	-803,667	-334,465	-108,536	-26,143	Medicaid Paid Claims	16,047
9. Total Cost	56,786,560	23,633,018	7,669,068	1,847,254	Property Rate Allowance	0.80
10. Charges	\$515,602,011	\$298,873,468	\$50,209,026	26,270,363	First Semester in effect:	2013/07
11. Fixed Costs	6,277,566.00		611,305.75		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,075.70		125.84	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,604.46	186.89	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,847,253.88
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,847,253.88
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,910,730.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		16,047
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.07
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		119.07
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	119.07	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	119.07	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		26,270,363.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,637.09
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,693.34
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$119.07
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$29.67
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU} * 66\% \right]$		1.56
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		87.84



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120103 - 2013/07

Outpatient Rate: 84.78

County Billing ONLY

St. Petersburg General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 5/1/2011-4/30/2012
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	28,013,860	23,967,483	3,882,608	1,873,397	Total Bed Days	80,154
2. Routine	20,914,437		2,125,894		Total Inpatient Days	32,301
3. Special Care	6,862,118		636,394		Total Newborn Days	2,242
4. Newborn Routine	1,799,812		1,132,708		Medicaid Inpatient Days	3,534
5. Intern-Resident	0		0		Medicaid Newborn IP Days	183
6. Home Health					Medicare Inpatient Days	13,240
7. Malpractice					Prospective Inflation factor	1.0343625498
8. Adjustments	-803,667	-334,465	-108,536	-26,143	Medicaid Paid Claims	16,047
9. Total Cost	56,786,560	23,633,018	7,669,068	1,847,254	Property Rate Allowance	0.80
10. Charges	\$515,602,011	\$298,873,468	\$50,209,026	26,270,363	First Semester in effect:	2013/07
11. Fixed Costs	6,277,566.00		611,305.75		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,075.70	125.84	County Ceiling Base	944.75	176.95	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	882.95	110.04	Cost Report DRI Index	2.008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,604.46	186.89	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,847,253.88
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,847,253.88
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,910,730.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		16,047
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.07
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		112.91
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		112.91
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		186.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	181.57	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	112.91	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	112.91	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		26,270,363.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,637.09
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,693.34
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$112.91
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$28.13
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		84.78



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120111 - 2013/07

Outpatient Rate: 102.30

Palms Of Pasadena Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 12/1/2010-11/30/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	27,959,238	18,301,569	1,101,861	401,221	Total Bed Days	112,055
2. Routine	13,804,942		544,143		Total Inpatient Days	27,109
3. Special Care	4,678,258		60,490		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,237
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,854
7. Malpractice					Prospective Inflation factor	1.0442433384
8. Adjustments	-669,188	-263,707	-24,589	-5,781	Medicaid Paid Claims	2,672
9. Total Cost	45,773,250	18,037,862	1,681,905	395,440	Property Rate Allowance	0.80
10. Charges	\$211,961,917	\$109,193,515	\$8,855,963	2,900,729	First Semester in effect:	2013/07
11. Fixed Costs	5,950,434.00		248,614.58		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,278.75	163.33	County Ceiling Base	944.75	176.95	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	903.36	132.79	Cost Report DRI Index	1.989
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,604.46	186.89	FPLI	0.9462

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	395,439.82
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		395,439.82
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		412,935.40
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,672
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		154.54
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		136.25
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		136.25
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		186.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		181.57
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		136.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		136.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		2,900,729.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,085.60	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,133.63	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$136.25	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$33.95	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	102.30	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120138 - 2013/07

Outpatient Rate: 83.98

Kendall Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	77,678,504	48,548,971	12,889,906	5,489,909	Total Bed Days	150,380
2. Routine	50,520,873		5,926,530		Total Inpatient Days	79,509
3. Special Care	17,708,947		5,067,759		Total Newborn Days	0
4. Newborn Routine	2,231,486		1,476,979		Medicaid Inpatient Days	12,412
5. Intern-Resident	0		0		Medicaid Newborn IP Days	203
6. Home Health					Medicare Inpatient Days	18,650
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-2,571,388	-842,706	-440,215	-95,293	Medicaid Paid Claims	50,137
9. Total Cost	145,568,422	47,706,265	24,920,959	5,394,616	Property Rate Allowance	0.80
10. Charges	\$1,127,610,952	\$446,329,645	\$143,005,190	65,304,849	First Semester in effect:	2013/07
11. Fixed Costs	23,365,484.00		2,963,243.19		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,501.98		92.84	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	5,394,615.99	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			5,394,615.99
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			5,607,916.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			50,137
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			111.85
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			111.85
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			111.85
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			111.85
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			65,304,849.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,302.53	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,354.03	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$111.85	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$27.87	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		83.98	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120138 - 2013/07

Outpatient Rate: 83.98

County Billing ONLY

Kendall Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	77,678,504	48,548,971	12,889,906	5,489,909	Total Bed Days	150,380
2. Routine	50,520,873		5,926,530		Total Inpatient Days	79,509
3. Special Care	17,708,947		5,067,759		Total Newborn Days	0
4. Newborn Routine	2,231,486		1,476,979		Medicaid Inpatient Days	12,412
5. Intern-Resident	0		0		Medicaid Newborn IP Days	203
6. Home Health					Medicare Inpatient Days	18,650
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-2,571,388	-842,706	-440,215	-95,293	Medicaid Paid Claims	50,137
9. Total Cost	145,568,422	47,706,265	24,920,959	5,394,616	Property Rate Allowance	0.80
10. Charges	\$1,127,610,952	\$446,329,645	\$143,005,190	65,304,849	First Semester in effect:	2013/07
11. Fixed Costs	23,365,484.00		2,963,243.19		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,501.98	92.84	County Ceiling Base	1,023.01	217.38	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,001.22	117.55	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	5,394,615.99
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,394,615.99
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,607,916.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		50,137
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		111.85
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		120.62
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		111.85
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		237.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		223.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		111.85
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		111.85
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	65,304,849.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,302.53	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,354.03	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$111.85	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$27.87	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	83.98	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120227 - 2013/07

Outpatient Rate: 134.23

St Antonys Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	52,154,024	41,778,936	6,161,105	2,504,770	Total Bed Days 89,060
2. Routine	44,121,582		4,675,195		Total Inpatient Days 61,189
3. Special Care	10,628,475		1,458,808		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 7,201
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 27,437
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-1,539,279	-601,562	-177,033	-36,065	Medicaid Paid Claims 12,634
9. Total Cost	105,364,802	41,177,374	12,118,075	2,468,705	Property Rate Allowance 0.80
10. Charges	\$415,441,109	\$262,649,963	\$50,492,060	14,175,060	First Semester in effect: 2012/07
11. Fixed Costs	12,828,800.00		1,559,192.21		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,610.95		214.68	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,604.46	186.89	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,468,704.59
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,468,704.59
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,566,316.03
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,634
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		203.13
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		203.13
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	203.13	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	203.13	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		14,175,060.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,121.98
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,166.34
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$203.13
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$50.61
AV	Exemption Tier Adj((AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66%)		18.29
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		134.23



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120227 - 2013/07

Outpatient Rate: 98.44

County Billing ONLY

St Anthonys Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	52,154,024	41,778,936	6,161,105	2,504,770	Total Bed Days	89,060
2. Routine	44,121,582		4,675,195		Total Inpatient Days	61,189
3. Special Care	10,628,475		1,458,808		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	7,201
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	27,437
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-1,539,279	-601,562	-177,033	-36,065	Medicaid Paid Claims	12,634
9. Total Cost	105,364,802	41,177,374	12,118,075	2,468,705	Property Rate Allowance	0.80
10. Charges	\$415,441,109	\$262,649,963	\$50,492,060	14,175,060	First Semester in effect:	2012/07
11. Fixed Costs	12,828,800.00		1,559,192.21		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,610.95	214.68	County Ceiling Base	944.75	176.95	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	729.64	127.78	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,604.46	186.89	FPLI	0.9462

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,468,704.59
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,468,704.59
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,566,316.03
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,634
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		203.13
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		131.11
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		131.11
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		186.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		181.57
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		131.11
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		131.11
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		14,175,060.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,121.98	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,166.34	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$131.11	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$32.67	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	98.44	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120243 - 2013/07

Outpatient Rate: 112.72

W. Boca Med. Ctr.

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Self Exempt

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

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	41,711,996	31,675,682	5,384,554	2,474,544	Total Bed Days 71,175
2. Routine	23,182,361		1,626,603		Total Inpatient Days 41,855
3. Special Care	13,543,080		4,764,792		Total Newborn Days 4,241
4. Newborn Routine	1,874,808		785,558		Medicaid Inpatient Days 6,723
5. Intern-Resident	0		0		Medicaid Newborn IP Days 447
6. Home Health					Medicare Inpatient Days 10,335
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-1,455,906	-574,219	-227,716	-44,859	Medicaid Paid Claims 22,408
9. Total Cost	78,856,339	31,101,463	12,333,791	2,429,685	Property Rate Allowance 0.80
10. Charges	\$321,711,141	\$175,561,084	\$43,950,803	10,841,304	First Semester in effect: 2013/07
11. Fixed Costs	9,254,061.00		1,264,250.32		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,565.61		109.96	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,429,685.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,429,685.29
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,525,753.93
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,408
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.72
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		112.72
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	112.72	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	112.72	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		10,841,304.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		483.81
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		502.94
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$112.72
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$28.08
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		28.08
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		112.72



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120243 - 2013/07

Outpatient Rate: 82.57

County Billing ONLY

W. Boca Med. Ctr.

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	41,711,996	31,675,682	5,384,554	2,474,544	Total Bed Days	71,175
2. Routine	23,182,361		1,626,603		Total Inpatient Days	41,855
3. Special Care	13,543,080		4,764,792		Total Newborn Days	4,241
4. Newborn Routine	1,874,808		785,558		Medicaid Inpatient Days	6,723
5. Intern-Resident	0		0		Medicaid Newborn IP Days	447
6. Home Health					Medicare Inpatient Days	10,335
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-1,455,906	-574,219	-227,716	-44,859	Medicaid Paid Claims	22,408
9. Total Cost	78,856,339	31,101,463	12,333,791	2,429,685	Property Rate Allowance	0.80
10. Charges	\$321,711,141	\$175,561,084	\$43,950,803	10,841,304	First Semester in effect:	2013/07
11. Fixed Costs	9,254,061.00		1,264,250.32		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,565.61	109.96	County Ceiling Base	1,026.08	191.82	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,225.54	107.17	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	2,429,685.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,429,685.29
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,525,753.93
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,408
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.72
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		109.97
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		109.97
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		202.48
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		196.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	196.82	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	109.97	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	109.97	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		10,841,304.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		483.81
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		502.94
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$109.97
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$27.40
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		82.57



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120260 - 2013/07

Outpatient Rate: 128.40

Palms West Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2011-5/31/2012

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	43,629,303	33,860,330	8,685,297	4,256,593	Total Bed Days	64,050
2. Routine	33,397,163		7,245,894		Total Inpatient Days	48,439
3. Special Care	5,497,455		620,322		Total Newborn Days	2,392
4. Newborn Routine	837,430		422,921		Medicaid Inpatient Days	10,679
5. Intern-Resident	0		0		Medicaid Newborn IP Days	75
6. Home Health					Medicare Inpatient Days	10,804
7. Malpractice					Prospective Inflation factor	1.0338476854
8. Adjustments	-1,352,638	-549,425	-275,431	-69,068	Medicaid Paid Claims	33,718
9. Total Cost	82,008,713	33,310,905	16,699,003	4,187,525	Property Rate Allowance	0.80
10. Charges	\$579,938,731	\$308,071,951	\$101,638,835	36,263,312	First Semester in effect:	2013/07
11. Fixed Costs	10,140,127.00		1,777,137.20		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,399.40		125.26	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,187,524.65
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,187,524.65
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,329,262.67
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		33,718
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		128.40
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		128.40
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	128.40	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	128.40	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		36,263,312.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,075.49
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,111.89
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$128.40
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$31.99
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU * 66\%} \right]$		9.32
AW	Buy Back of Medicaid Trend Adjustment		31.99
AX	Buy Back of Exemption Tier Adjustment		9.32
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		128.40



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120260 - 2013/07

Outpatient Rate: 68.84

County Billing ONLY

Palms West Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2011-5/31/2012
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	43,629,303	33,860,330	8,685,297	4,256,593	Total Bed Days 64,050
2. Routine	33,397,163		7,245,894		Total Inpatient Days 48,439
3. Special Care	5,497,455		620,322		Total Newborn Days 2,392
4. Newborn Routine	837,430		422,921		Medicaid Inpatient Days 10,679
5. Intern-Resident	0		0		Medicaid Newborn IP Days 75
6. Home Health					Medicare Inpatient Days 10,804
7. Malpractice					Prospective Inflation factor 1.0338476854
8. Adjustments	-1,352,638	-549,425	-275,431	-69,068	Medicaid Paid Claims 33,718
9. Total Cost	82,008,713	33,310,905	16,699,003	4,187,525	Property Rate Allowance 0.80
10. Charges	\$579,938,731	\$308,071,951	\$101,638,835	36,263,312	First Semester in effect: 2013/07
11. Fixed Costs	10,140,127.00		1,777,137.20		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,399.40	125.26	County Ceiling Base	1,026.08	191.82	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	881.19	89.35	Cost Report DRI Index 2.009
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI 1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	4,187,524.65
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,187,524.65
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,329,262.67
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		33,718
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		128.40
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		91.68
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		91.68
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		202.48
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		196.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	196.82	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	91.68	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	91.68	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		36,263,312.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,075.49
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,111.89
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$91.68
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$22.84
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		68.84



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120278 - 2013/07

Outpatient Rate: 45.37

HealthSouth Rehabilitation Hospital-Sunrise

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	14,828,748	3,560,077	139,909	181,633	Total Bed Days	45,990
2. Routine	19,763,743		219,268		Total Inpatient Days	33,891
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	376
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	22,743
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-596,899	-61,430	-6,198	-3,134	Medicaid Paid Claims	2,837
9. Total Cost	33,995,592	3,498,647	352,979	178,499	Property Rate Allowance	0.80
10. Charges	\$62,875,880	\$15,091,580	\$676,977	447,050	First Semester in effect:	2013/07
11. Fixed Costs	4,231,596.00		45,561.08		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	785.52		60.45	County Ceiling Base	986.86	195.81
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	511.98	58.88	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	178,498.89
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		178,498.89
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		185,556.65
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,837
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		65.41
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		60.42
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		60.42
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.92
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	200.92	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	60.42	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	60.42	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		447,050.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		157.58
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		163.81
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$60.42
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$15.05
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		45.37



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120294 - 2013/07

Outpatient Rate: 107.36

Jupiter Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	53,841,546	66,226,370	1,757,024	1,240,628	Total Bed Days	59,658
2. Routine	32,471,575		1,289,823		Total Inpatient Days	45,596
3. Special Care	7,145,900		409,600		Total Newborn Days	2,294
4. Newborn Routine	727,072		93,500		Medicaid Inpatient Days	2,091
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	23,433
7. Malpractice					Prospective Inflation factor	1.0323061630
8. Adjustments	-1,123,211	-789,779	-42,335	-14,795	Medicaid Paid Claims	8,850
9. Total Cost	93,062,882	65,436,591	3,507,612	1,225,833	Property Rate Allowance	0.80
10. Charges	\$418,340,021	\$413,860,997	\$14,685,848	8,393,329	First Semester in effect:	2013/07
11. Fixed Costs	17,150,113.00		602,055.60		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,399.32		139.49	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,225,832.96
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,225,832.96
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,265,434.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,850
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		142.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		142.99
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		142.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		142.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		8,393,329.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	948.40	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	979.04	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$142.99	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$35.63	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		107.36



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120294 - 2013/07

Outpatient Rate: 71.73

County Billing ONLY

Jupiter Hospital

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

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	53,841,546	66,226,370	1,757,024	1,240,628	Total Bed Days 59,658
2. Routine	32,471,575		1,289,823		Total Inpatient Days 45,596
3. Special Care	7,145,900		409,600		Total Newborn Days 2,294
4. Newborn Routine	727,072		93,500		Medicaid Inpatient Days 2,091
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 23,433
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	-1,123,211	-789,779	-42,335	-14,795	Medicaid Paid Claims 8,850
9. Total Cost	93,062,882	65,436,591	3,507,612	1,225,833	Property Rate Allowance 0.80
10. Charges	\$418,340,021	\$413,860,997	\$14,685,848	8,393,329	First Semester in effect: 2013/07
11. Fixed Costs	17,150,113.00		602,055.60		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,399.32	139.49	County Ceiling Base	1,026.08	191.82	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	932.56	93.10	Cost Report DRI Index 2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI 1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,225,832.96
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,225,832.96
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,265,434.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,850
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		142.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		95.53
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		95.53
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		202.48
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		196.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	196.82	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	95.53	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	95.53	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	8,393,329.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	948.40	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	979.04	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$95.53	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$23.80	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	Final Prospective Rates	71.73	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120308 - 2013/07

Outpatient Rate: 122.86

Columbia Hospital

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	20,613,751	16,770,298	1,675,148	942,271	Total Bed Days 87,840
2. Routine	29,417,597		3,180,485		Total Inpatient Days 39,507
3. Special Care	3,966,808		268,280		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 4,390
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 10,215
7. Malpractice					Prospective Inflation factor 1.033333333
8. Adjustments	-756,592	-234,976	-71,793	-13,203	Medicaid Paid Claims 7,814
9. Total Cost	53,241,564	16,535,322	5,052,120	929,068	Property Rate Allowance 0.80
10. Charges	\$338,883,485	\$178,665,926	\$33,449,443	10,593,158	First Semester in effect: 2013/07
11. Fixed Costs	6,808,215.00		672,003.83		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,005.77		119.85	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	929,068.43
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		929,068.43
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		960,037.38
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,814
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		122.86
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		122.86
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	122.86	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	122.86	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		10,593,158.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,355.66
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,400.85
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$122.86
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$30.61
AV	Exemption Tier Adj((AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66%)		13.45
AW	Buy Back of Medicaid Trend Adjustment		30.61
AX	Buy Back of Exemption Tier Adjustment		13.45
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		122.86



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120308 - 2013/07

Outpatient Rate: 52.48

County Billing ONLY

Columbia Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2011-6/30/2012
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	20,613,751	16,770,298	1,675,148	942,271	Total Bed Days	87,840
2. Routine	29,417,597		3,180,485		Total Inpatient Days	39,507
3. Special Care	3,966,808		268,280		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,390
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,215
7. Malpractice					Prospective Inflation factor	1.033333333
8. Adjustments	-756,592	-234,976	-71,793	-13,203	Medicaid Paid Claims	7,814
9. Total Cost	53,241,564	16,535,322	5,052,120	929,068	Property Rate Allowance	0.80
10. Charges	\$338,883,485	\$178,665,926	\$33,449,443	10,593,158	First Semester in effect:	2013/07
11. Fixed Costs	6,808,215.00		672,003.83		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,005.77	119.85	County Ceiling Base	1,026.08	191.82	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	590.76	68.12	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,738.25	202.48	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	929,068.43
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		929,068.43
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		960,037.38
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,814
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		122.86
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		69.90
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		69.90
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		202.48
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		196.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	196.82	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	69.90	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	69.90	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		10,593,158.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,355.66
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,400.85
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$69.90
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$17.42
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		52.48



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120324 - 2013/07

Outpatient Rate: 519.72

H L Moffitt Cancer Center

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

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: Specialized/Statutory Teaching

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	84,426,349	342,104,416	10,661,317	18,998,000	Total Bed Days	75,190
2. Routine	54,855,657		5,425,928		Total Inpatient Days	58,595
3. Special Care	11,760,257		979,097		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	5,812
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,036
7. Malpractice					Prospective Inflation factor	1.0333333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims	37,773
9. Total Cost	151,042,263	342,104,416	17,066,342	18,998,000	Property Rate Allowance	0.80
10. Charges	\$460,565,453	\$1,315,102,270	\$44,924,129	79,100,071	First Semester in effect:	2013/07
11. Fixed Costs	45,062,378.00		4,395,440.58		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,409.67		555.91	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,585.30	184.66	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	18,998,000.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		18,998,000.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		19,631,266.67
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		37,773
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		519.72
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		519.72
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	519.72	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	519.72	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	79,100,071.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,094.09	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,163.89	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$519.72	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915	\$129.49	
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU} * 66\% \right]$	85.77	
AW	Buy Back of Medicaid Trend Adjustment	129.49	
AX	Buy Back of Exemption Tier Adjustment	85.77	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	519.72	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120324 - 2013/07

Outpatient Rate: 136.62

County Billing ONLY

H L Moffitt Cancer Center

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

Fiscal Year : 7/1/2011-6/30/2012

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Hospital Classification: Specialized/Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	84,426,349	342,104,416	10,661,317	18,998,000	Total Bed Days	75,190
2. Routine	54,855,657		5,425,928		Total Inpatient Days	58,595
3. Special Care	11,760,257		979,097		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	5,812
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,036
7. Malpractice					Prospective Inflation factor	1.0333333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims	37,773
9. Total Cost	151,042,263	342,104,416	17,066,342	18,998,000	Property Rate Allowance	0.80
10. Charges	\$460,565,453	\$1,315,102,270	\$44,924,129	79,100,071	First Semester in effect:	2013/07
11. Fixed Costs	45,062,378.00		4,395,440.58		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,409.67	555.91	County Ceiling Base	Exempt	177.33	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,898.54	285.68	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,585.30	184.66	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	18,998,000.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		18,998,000.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		19,631,266.67
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		37,773
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		519.72
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		293.13
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		293.13
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		184.66
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	181.96	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	181.96	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	181.96	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		79,100,071.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,094.09
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,163.89
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$181.96
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$45.34
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		136.62



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120332 - 2013/07

Outpatient Rate: 61.13

HealthSouth Rehabilitation Hospital-Tallahassee

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Leon (37)
 District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,570,721	712,277	148,587	48,521	Total Bed Days	27,740
2. Routine	9,103,462		191,261		Total Inpatient Days	16,421
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	345
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,348
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-270,851	-12,308	-5,873	-838	Medicaid Paid Claims	304
9. Total Cost	15,403,332	699,969	333,975	47,683	Property Rate Allowance	0.80
10. Charges	\$25,466,897	\$2,761,628	\$564,760	149,416	First Semester in effect:	2013/07
11. Fixed Costs	2,190,083.00		48,567.80		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	895.53		169.79	County Ceiling Base	960.75	175.63
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	488.11	79.35	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,628.37	189.68	FPLI	0.9603

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	47,682.55
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		47,682.55
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		49,567.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		304
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		163.05
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		81.42
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		81.42
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county		189.68
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		180.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	180.21	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	81.42	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	81.42	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		149,416.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		491.50
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		510.93
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$81.42
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$20.29
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		61.13



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
 For Rate Semester July 1,2013 through June 30, 2014

120341 - 2013/07

Outpatient Rate: 41.01

HealthSouth Rehabilitation Hospital-Treasure Coast

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Indian River (31)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,743,641	662,396	166,171	164,408	Total Bed Days	32,850
2. Routine	9,661,195		203,894		Total Inpatient Days	18,098
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	383
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,682
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-341,069	-12,980	-7,252	-3,222	Medicaid Paid Claims	3,068
9. Total Cost	17,063,767	649,416	362,813	161,186	Property Rate Allowance	0.80
10. Charges	\$30,587,329	\$2,615,957	\$678,491	326,568	First Semester in effect:	2013/07
11. Fixed Costs	2,231,461.00		49,498.48		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	896.29		57.57	County Ceiling Base	940.82	166.38
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	484.96	54.45	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,608.87	187.41	FPLI	0.9488

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	161,186.23
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		161,186.23
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		167,559.46
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,068
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		54.62
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		55.87
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		54.62
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9488) for Indian River county		187.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		170.72
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	170.72	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	54.62	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	54.62	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		326,568.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		106.44
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		110.65
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$54.62
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$13.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		41.01



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

120375 - 2013/07

Outpatient Rate: 37.26

Aventura Hospital & Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	96,764,711	42,008,241	5,682,847	1,459,845	Total Bed Days 148,555
2. Routine	65,345,774		4,166,003		Total Inpatient Days 109,101
3. Special Care	18,908,508		1,193,701		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 7,387
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 44,736
7. Malpractice					Prospective Inflation factor 1.0395395395
8. Adjustments	-2,959,005	-686,683	-180,506	-23,863	Medicaid Paid Claims 14,246
9. Total Cost	178,059,989	41,321,559	10,862,045	1,435,982	Property Rate Allowance 0.80
10. Charges	\$1,239,516,087	\$379,784,008	\$76,195,405	14,450,496	First Semester in effect: 2013/07
11. Fixed Costs	16,362,385.00		1,005,826.84		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,151.34		86.98	County Ceiling Base	1,023.01	217.38
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	649.75	48.36	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	2,042.80	237.95	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,435,981.82
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,435,981.82
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,492,759.88
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		14,246
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		104.78
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		49.62
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		49.62
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		237.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	223.05	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	49.62	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	49.62	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		14,450,496.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,014.35
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,054.46
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$49.62
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$12.36
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		37.26



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120383 - 2013/07

Outpatient Rate: 14.66

HealthSouth Rehabilitation Hospital Sarasota

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,415,315	54,927	75,255	0	Total Bed Days	32,330
2. Routine	13,841,411		119,937		Total Inpatient Days	26,774
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	232
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	21,316
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-472,527	-1,116	-3,966	0	Medicaid Paid Claims	0
9. Total Cost	22,784,199	53,811	191,226	0	Property Rate Allowance	0.80
10. Charges	\$43,848,460	\$256,272	\$374,699	0	First Semester in effect:	2013/07
11. Fixed Costs	2,191,593.00		18,727.86		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	785.82	0.00	County Ceiling Base	959.19	NA	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	444.76	NA	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,667.88	194.28	FPLI	0.9836

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120405 - 2013/07

Outpatient Rate: 141.51

Coral Springs Medical Center

Type of Control: Government (4)

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	44,414,214	51,864,009	11,283,310	6,211,681	Total Bed Days 73,200
2. Routine	26,821,876		4,985,479		Total Inpatient Days 49,759
3. Special Care	19,212,092		3,295,042		Total Newborn Days 4,812
4. Newborn Routine	292,225		12,814		Medicaid Inpatient Days 9,796
5. Intern-Resident	0		0		Medicaid Newborn IP Days 37
6. Home Health					Medicare Inpatient Days 9,995
7. Malpractice					Prospective Inflation factor 1.033333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims 45,360
9. Total Cost	90,740,407	51,864,009	19,576,645	6,211,681	Property Rate Allowance 0.80
10. Charges	\$349,022,441	\$299,523,648	\$69,043,208	29,235,390	First Semester in effect: 2013/07
11. Fixed Costs	10,156,295.00		2,009,106.31		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,706.23		130.79	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	6,211,681.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,211,681.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,418,737.03	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			45,360
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			141.51
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			141.51
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		141.51	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		141.51	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		29,235,390.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		644.52	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		666.00	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$141.51	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$35.26	
AV	Exemption Tier Adj $\left[\frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU * 70\%} \right]$		7.08	
AW	Buy Back of Medicaid Trend Adjustment		35.26	
AX	Buy Back of Exemption Tier Adjustment		7.08	
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		141.51	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120405 - 2013/07

Outpatient Rate: 82.04

County Billing ONLY

Coral Springs Medical Center

Type of Control: Government (4)

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	44,414,214	51,864,009	11,283,310	6,211,681	Total Bed Days	73,200
2. Routine	26,821,876		4,985,479		Total Inpatient Days	49,759
3. Special Care	19,212,092		3,295,042		Total Newborn Days	4,812
4. Newborn Routine	292,225		12,814		Medicaid Inpatient Days	9,796
5. Intern-Resident	0		0		Medicaid Newborn IP Days	37
6. Home Health					Medicare Inpatient Days	9,995
7. Malpractice					Prospective Inflation factor	1.0333333333
8. Adjustments	0	0	0	0	Medicaid Paid Claims	45,360
9. Total Cost	90,740,407	51,864,009	19,576,645	6,211,681	Property Rate Allowance	0.80
10. Charges	\$349,022,441	\$299,523,648	\$69,043,208	29,235,390	First Semester in effect:	2013/07
11. Fixed Costs	10,156,295.00		2,009,106.31		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,706.23	130.79	County Ceiling Base	986.86	202.85	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,110.24	106.48	Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,834.74	213.72	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	6,211,681.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,211,681.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,418,737.03
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		45,360
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		141.51
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		109.26
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		109.26
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		208.14
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	208.14	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	109.26	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	109.26	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		29,235,390.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		644.52
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		666.00
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$109.26
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$27.22
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		82.04



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120413 - 2013/07

Outpatient Rate: 76.76

Bartow Memorial Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 4/1/2011-3/31/2012
 Hospital Classification: Self Exempt

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

County: Polk (53)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,366,535	17,089,332	1,171,695	1,562,768	Total Bed Days	26,352
2. Routine	11,684,340		936,229		Total Inpatient Days	19,450
3. Special Care	2,050,643		163,655		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,652
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,165
7. Malpractice					Prospective Inflation factor	1.0348779273
8. Adjustments	-1,089,514	-618,543	-82,219	-56,564	Medicaid Paid Claims	20,307
9. Total Cost	29,012,004	16,470,789	2,189,360	1,506,204	Property Rate Allowance	0.80
10. Charges	\$200,488,583	\$150,991,256	\$13,813,133	15,505,328	First Semester in effect:	2013/07
11. Fixed Costs	4,653,910.00		320,642.09		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,241.66		81.42	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.007
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,598.70	186.22	FPLI	0.9428

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,506,204.14
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,506,204.14
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,558,737.42
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		20,307
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		76.76
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		76.76
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	76.76	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	76.76	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,505,328.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		763.55
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		790.18
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$76.76
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$19.12
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		19.12
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)		76.76



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

120413 - 2013/07

Outpatient Rate: 50.33

County Billing ONLY

Bartow Memorial Hospital

Type of Control: Proprietary(1)

Fiscal Year : 4/1/2011-3/31/2012

Hospital Classification: Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Polk (53)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	16,366,535	17,089,332	1,171,695	1,562,768	Total Bed Days 26,352
2. Routine	11,684,340		936,229		Total Inpatient Days 19,450
3. Special Care	2,050,643		163,655		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 1,652
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 7,165
7. Malpractice					Prospective Inflation factor 1.0348779273
8. Adjustments	-1,089,514	-618,543	-82,219	-56,564	Medicaid Paid Claims 20,307
9. Total Cost	29,012,004	16,470,789	2,189,360	1,506,204	Property Rate Allowance 0.80
10. Charges	\$200,488,583	\$150,991,256	\$13,813,133	15,505,328	First Semester in effect: 2013/07
11. Fixed Costs	4,653,910.00		320,642.09		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,241.66	81.42	County Ceiling Base	891.47	175.65	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	864.45	65.33	Cost Report DRI Index 2.007
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,598.70	186.22	FPLI 0.9428

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	1,506,204.14
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,506,204.14
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,558,737.42
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		20,307
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		76.76
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		67.03
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		67.03
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county		186.22
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		180.23
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	180.23	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	67.03	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	67.03	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,505,328.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		763.55
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		790.18
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$67.03
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$16.70
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		50.33



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

120421 - 2013/07

Outpatient Rate: 88.33

HealthSouth Rehabilitation Hospital-Sea Pines

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,608,978	391,209	117,554	41,783	Total Bed Days	32,850
2. Routine	9,086,766		152,182		Total Inpatient Days	18,510
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	310
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,273
7. Malpractice					Prospective Inflation factor	1.0395395395
8. Adjustments	-311,579	-7,301	-5,034	-780	Medicaid Paid Claims	257
9. Total Cost	16,384,165	383,908	264,702	41,003	Property Rate Allowance	0.80
10. Charges	\$35,242,639	\$1,811,884	\$578,485	87,535	First Semester in effect:	2013/07
11. Fixed Costs	1,316,298.00		21,606.18		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	874.67		177.95	County Ceiling Base	971.81	179.09
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	492.71	114.65	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,580.38	184.09	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	41,003.24	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			41,003.24
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			42,624.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			257
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			165.85
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			117.64
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			117.64
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county			184.09
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			183.76
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			183.76
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			117.64
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			117.64
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			87,535.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		340.60	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		354.07	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$117.64	
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$29.31	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	Final Prospective Rates		88.33	



Florida Agency For Health Care Administration

260011 - 2013/07

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

Florida State Hospital

Type of Control: Government (4)

County: Gadsden (20)

Fiscal Year : 7/1/2011-6/30/2012

Type of Action: Unaudited Cost Report [1]

District: 2

Hospital Classification: Specialized: Psychiatric

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0		0		Total Bed Days	12,410
2. Routine	6,918,890		3,489,285		Total Inpatient Days	11,314
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,625
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.033333333
8. Adjustments	0		0		Medicaid Paid Claims	0
9. Total Cost	6,918,890		3,489,285		Property Rate Allowance	1.00
10. Charges	\$6,918,890		\$3,489,285		First Semester in effect:	2013/07
11. Fixed Costs	83,656.00		42,188.79		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	851.48			County Ceiling Base	Exempt	
2. Base Rate Semester	2012/07		Variable Cost Base	Exempt		Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01		State Ceiling	1,695.69		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816		County Ceiling	1,533.75		FPLI	0.9045

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,489,285.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 42,188.79	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,447,096.21	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,561,999.41	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,625	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	770.16	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	770.16	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9045) for Gadsden county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	770.16	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	9.12	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	779.28	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$3,489,285.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	754.44	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	779.59	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$779.28	\$0.00
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 0.000	\$237.35	\$0.00
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	541.93	



Florida Agency For Health Care Administration

260029 - 2013/07

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2013 through June 30, 2014

Northeast Florida State Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: Specialized: Psychiatric

Type of Action: Unaudited Cost Report [1]

County: Baker (2)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,079,765		50,028		Total Bed Days	27,740
2. Routine	8,646,716		4,325,673		Total Inpatient Days	24,401
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	12,207
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.033333333
8. Adjustments	0		0		Medicaid Paid Claims	0
9. Total Cost	9,726,481		4,375,701		Property Rate Allowance	1.00
10. Charges	\$9,726,481		\$4,375,701		First Semester in effect:	2013/07
11. Fixed Costs	337,126.00		151,664.57		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	374.93			County Ceiling Base	Exempt	
2. Base Rate Semester	2012/07		Variable Cost Base	Exempt		Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01		State Ceiling	1,695.69		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816		County Ceiling	1,617.18		FPLI	0.9537

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,375,701.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 151,664.57	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,224,036.43	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,364,837.64	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	12,207	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	357.57	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	357.57	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9537) for Baker county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	357.57	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	12.42	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	369.99	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$4,375,701.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	358.46	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	370.41	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$369.99	\$0.00
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 0.000	\$112.69	\$0.00
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	257.30	



Florida Agency For Health Care Administration

260045 - 2013/07

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

So. Fla. State Hosp

Type of Control: Government (4)

County: Broward (6)

Fiscal Year : 7/1/2011-6/30/2012

Type of Action: Unaudited Cost Report [1]

District: 10

Hospital Classification: Specialized: Psychiatric

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	243,259		57,469		Total Bed Days	17,155
2. Routine	4,444,126		1,084,201		Total Inpatient Days	16,240
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,962
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.033333333
8. Adjustments	0		0		Medicaid Paid Claims	0
9. Total Cost	4,687,385		1,141,670		Property Rate Allowance	1.00
10. Charges	\$4,687,385		\$1,141,670		First Semester in effect:	2013/07
11. Fixed Costs	224,836.00		54,761.56		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	262.00			County Ceiling Base	Exempt	
2. Base Rate Semester	2012/07		Variable Cost Base	Exempt		Cost Report DRI Index	2.010
3. Ultimate Base Rate Semester	1991/01		State Ceiling	1,695.69		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816		County Ceiling	1,834.74		FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,141,670.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 54,761.56	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,086,908.44	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,123,138.72	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,962	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	283.48	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	283.48	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	283.48	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	13.82	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	297.30	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,141,670.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	288.15	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	297.76	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$297.30	\$0.00
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 0.000	\$90.55	\$0.00
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	206.75	



Florida Agency For Health Care Administration

260053 - 2013/07

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

W. Fla. Comm. Care

Type of Control: Government (4)

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

Hospital Classification: Specialized: Psychiatric

Type of Action: Unaudited Cost Report [1]

County: Santa Rosa (57)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0		0		Total Bed Days	29,200
2. Routine	6,611,680		0		Total Inpatient Days	25,170
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	0
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,090
7. Malpractice					Prospective Inflation factor	1.1184706516
8. Adjustments	0		0		Medicaid Paid Claims	0
9. Total Cost	6,611,680		0		Property Rate Allowance	1.00
10. Charges	\$15,926,325		\$0		First Semester in effect:	2011/07
11. Fixed Costs	175,678.00		0.00		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	300.66			County Ceiling Base	Exempt	
2. Base Rate Semester	2012/07		Variable Cost Base	Exempt		Cost Report DRI Index	1.857
3. Ultimate Base Rate Semester	1991/01		State Ceiling	1,695.69		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816		County Ceiling	1,612.94		FPLI	0.9512

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	6,611,680.00	
AB	Total Fixed Costs	(-) 175,678.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	6,436,002.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,198,479.35	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	25,170	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	285.99	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	285.99	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9512) for Santa Rosa county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	285.99	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	6.98	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	292.97	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$15,926,325.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	632.75	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	707.71	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))	\$292.97	\$0.00
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 0.000	\$89.23	\$0.00
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	203.74	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

102814-00 - 2013/07

Outpatient Rate: 78.01

University of South Alabama Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2011-9/30/2012

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	42,307,938	40,305,510	85,129	5,938	Total Bed Days 47,946
2. Routine	16,013,355		46,645		Total Inpatient Days 40,272
3. Special Care	11,215,667		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 95
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 6,430
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	0	0	0	0	Medicaid Paid Claims 59
9. Total Cost	69,536,960	40,305,510	131,774	5,938	Property Rate Allowance 0.80
10. Charges	\$169,572,029	\$128,068,958	\$339,062	16,455	First Semester in effect: 2013/07
11. Fixed Costs	3,613,009.00		0.00		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,689.85		103.90	County Ceiling Base	956.89	188.22
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,578.87	1,259.84	Cost Report DRI Index	2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,695.69	197.52	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,938.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		5,938.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,129.83
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		59
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		103.90
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		1,292.71
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		103.90
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county		197.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	103.90	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	103.90	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		16,455.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		278.90
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		287.91
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$103.90
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$25.89
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		78.01



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

102814-02 - 2013/07

Outpatient Rate: 14.66

Infirmary West

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

Fiscal Year : 4/1/1999-3/31/2000

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0	11,273,651	0	253	Total Bed Days	24
2. Routine	16,108,910		2,762,788		Total Inpatient Days	14,600
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,504
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	57,004	39,893	9,777	1	Prospective Inflation factor	1.0000000000
8. Adjustments	0	0	0	0	Medicaid Paid Claims	13
9. Total Cost	16,165,914	11,313,544	2,772,565	254	Property Rate Allowance	0.80
10. Charges	\$34,583,000	\$23,744,000	\$4,535,408	533	First Semester in effect:	1999/01
11. Fixed Costs	320,000.00		41,966.59		Last Rate Semester in Effect:	2013/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,090.49		19.53	County Ceiling Base	956.89	188.22
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.207
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,695.69	197.52	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	Reimbursed by Diagnosis Related Groups	253.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		253.90
AE	Variable Operating Cost - NOT Inflated due to Interim status		253.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		19.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		19.53
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county		197.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	193.13	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	19.53	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	19.53	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		533.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		41.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		41.00
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$19.53
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$4.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		14.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2013 through June 30, 2014

102814-01 - 2013/07

Outpatient Rate: 123.96

U.S.A Children's & Women's Hospital

Type of Control: Government (4)
 Fiscal Year : 10/1/2011-9/30/2012
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)
 District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	38,726,625	14,565,159	48,812	11,834	Total Bed Days 98,088
2. Routine	18,702,170		47,092		Total Inpatient Days 61,486
3. Special Care	25,352,648		0		Total Newborn Days 4,842
4. Newborn Routine	2,063,123		852		Medicaid Inpatient Days 73
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 297
7. Malpractice					Prospective Inflation factor 1.0323061630
8. Adjustments	0	0	0	0	Medicaid Paid Claims 74
9. Total Cost	84,844,566	14,565,159	96,756	11,834	Property Rate Allowance 0.80
10. Charges	\$165,696,364	\$43,034,655	\$147,827	22,132	First Semester in effect: 2013/07
11. Fixed Costs	4,455,581.00		0.00		Last Rate Semester in Effect: 2013/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,251.15	165.09	County Ceiling Base	956.89	188.22	Semester DRI Index 2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,115.06	1,730.39	Cost Report DRI Index 2.012
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,695.69	197.52	FPLI 1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	11,834.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		11,834.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		12,216.31
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		74
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		165.09
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		1,775.54
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		165.09
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county		197.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	193.13	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	165.09	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	165.09	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		22,132.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		299.08
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		308.74
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS))		\$165.09
AU	Medicaid Trend Adjustment IP% : 30.458 OP% : 24.915		\$41.13
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	Final Prospective Rates		123.96