



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
 For Rate Semester July 01, 2022 through June 30, 2023

260011 - 2022/07
316.64 / 0.00

Type of Control: Government

Florida State Hospital

County: Gadsden (20)

Fiscal Year: 7/1/2020 - 6/30/2021

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0.00	0.00	0.00	0.00	Total Bed Days	12,410
2. Routine	4,187,649.00		2,720,885.00		Total Inpatient Days	10,318
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	6,704
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.1383022774
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	4,187,649.00	0.00	2,720,885.00	0.00	Property Rate Allowance	1.00
10. Charges	4,187,649.00	0.00	2,720,885.00	0.00	First Rate Semester in Effect	2022/07
11. Fixed Costs	2,224.00		1,445.02		Last Rate Semester in Effect	2022/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	505.75		0.00	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2022/07	2022/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.4150
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	0.00	0.00	FPLI Year Used	2021
4. Rate of Increase (Year/Sem.)	1.023934	1.052850	County Ceiling	0.00	0.00	FPLI	0.9130

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	2,720,885.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	1,445.02	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,719,439.98	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	3,095,544.72	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	6,704	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	461.75	0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	461.75	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9130) for Gadsden (20)	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	461.75	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	0.22	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	461.96	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,720,885.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	405.86	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	461.99	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	461.96	0.00
AU	(IP%: 31.4582 %, OP%: 25.6234 %)	(145.32)	0.00
AV			
AW			
AX			
AY	Final Prospective Rates	316.64	0.00



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 Computation of Hospital Prospective Payment Rates
 For Rate Semester July 01, 2022 through June 30, 2023

260029 - 2022/07
334.62 / 0.00

Type of Control: Government

County: Baker (2)

Fiscal Year: 7/1/2020 - 6/30/2021

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: Special

Northeast Florida State Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,982,468.00	0.00	0.00	0.00	Total Bed Days	21,900
2. Routine	8,611,418.00		3,794,014.00		Total Inpatient Days	20,053
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	8,835
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.1383022774
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	19,593,886.00	0.00	3,794,014.00	0.00	Property Rate Allowance	1.00
10. Charges	19,593,886.00	0.00	3,794,014.00	0.00	First Rate Semester in Effect	2022/07
11. Fixed Costs	205,288.00		39,750.44		Last Rate Semester in Effect	2022/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	522.58		0.00	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2022/07	2022/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.4150
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	0.00	0.00	FPLI Year Used	2021
4. Rate of Increase (Year/Sem.)	1.023934	1.052850	County Ceiling	0.00	0.00	FPLI	0.9256

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	3,794,014.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	39,750.44	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,754,263.56	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	4,273,486.76	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,835	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	483.70	0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	483.70	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9256) for Baker (2)	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	483.70	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	4.50	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	488.20	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	3,794,014.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	429.43	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	488.82	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	488.20	0.00
AU	(IP%: 31.4582 %, OP%: 25.6234 %)	(153.58)	0.00
AV			
AW			
AX			
AY	Final Prospective Rates	334.62	0.00



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260045 - 2022/07
198.30 / 0.00

Type of Control: Government

County: Broward (6)

Fiscal Year: 7/1/2020 - 6/30/2021

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: Special

South Florida State Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	130,516.00	0.00	3,300.00	0.00	Total Bed Days	15,330
2. Routine	3,898,632.00		726,564.00		Total Inpatient Days	15,330
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,857
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.1383022774
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	4,029,148.00	0.00	729,864.00	0.00	Property Rate Allowance	1.00
10. Charges	4,029,148.00	0.00	729,864.00	0.00	First Rate Semester in Effect	2022/07
11. Fixed Costs	168,849.00		30,586.32		Last Rate Semester in Effect	2022/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	269.84		0.00	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2022/07	2022/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.4150
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	0.00	0.00	FPLI Year Used	2021
4. Rate of Increase (Year/Sem.)	1.023934	1.052850	County Ceiling	0.00	0.00	FPLI	1.0325

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	729,864.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	30,586.32	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	699,277.68	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	795,989.38	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,857	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	278.61	0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	278.61	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0325) for Broward (6)	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	278.61	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	10.71	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	289.32	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	729,864.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	255.47	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	290.80	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	289.32	0.00
AU	(IP%: 31.4582 %, OP%: 25.6234 %)	(91.01)	0.00
AV			
AW			
AX			
AY	Final Prospective Rates	198.30	0.00

