

# Florida Agency For Health Care Administration

260011 - 2022/07

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

### Medicaid Reimbursement Rate Change Form

Florida State Hospital					Provider Number: 0260011-00					
Building 260							Date			
Chattahoochee, FL 32324-							Fiscal Year End:	6/30/2021		
							Audit Status:	Unaudited Co	st Report	
Provider Ty	pe:									
	HOSPITAL			Current Rate			New Rate	Effec	Effective Date	
	Inpatient			287.91		_	316.64		7/1/2022	
Outpatient				0.00			0.00		7/1/2022	
Inpatient County Billing Rate								7/	1/2022	
Rate Type:										
rato Typo.	<u>Interim</u>				Х <u>Р</u>	rospectiv	<u>e</u>			
		Total Inte	rim	_		X	Total Prospec	ctive		
,		 Settlemer	nt Based on	Cost	_					
		_		<u> </u>	BASIS:					
		_		Budget –						
		_	X	Unaudite -						
		_		_	dited Costs					
		_		_	Field Audi					
		-		Cost Rep –	oort Late T	est				
			W. Rydell Samuel							
					Medicaid Cost Reimbursement Analysis					
					_	F	or Information of	nly - No Chang	e in rate	
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## Florida Agency For Health Care Administration

260029 - 2022/07

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

#### Medicaid Reimbursement Rate Change Form

Northeast Florida State Hospital	Provider Number:			
HWY 121 SOUTH	Date:			
Macclenny, FL 32063-		Fiscal Year End:	6/30/2021	
Maccientry, i E 32003-		Audit Status:	Unaudited Cost Report	
Provider Type:				
HOSPITAL	<b>Current Rate</b>	New Rate	Effective Date	
Inpatient	301.42	334.62	7/1/2022	
Outpatient	0.00	0.00	7/1/2022	
Inpatient County Billing Rat	te		7/1/2022	
Rate Type:				
<u>Interim</u>	Х <u>Рг</u>	ospective		
Total Interim		X Total Prospec	tive	
Settlement Ba	ased on Cost			
<del></del>				
	BASIS:			
	Budget			
	X Unaudited Costs			
	Field Audited Costs			
	Revised Field Audit			
	Cost Report Late Te	est		
	W. Rydell	l Samuel		
	Medicaid	Cost Reimbursement Anal	 ysis	
			,	
		For Information or	oly. No Chango in rate	
		FOI IHIOHHAUOH OF	nly - No Change in rate	

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## Florida Agency For Health Care Administration

260045 - 2022/07

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

#### Medicaid Reimbursement Rate Change Form

South Florida State Hospital	Pr	ovider Number:	0260045-00					
800 East Cypress Dr			Date:					
Pembroke Pines, FL 33025-		F	6/30/2021					
			Audit Status:	Unaudited Cost Report				
Provider Type:								
HOSPITAL	Current Rate	<u>)</u>	New Rate	<b>Effective Date</b>				
Inpatient	204.53		198.30	7/1/2022				
Outpatien	0.00		0.00	7/1/2022				
Inpatient County Billing	Rate			7/1/2022				
Rate Type:								
Interim	X	Prospective						
Total Inte	erim	- X	Total Prospect	tive				
Settleme	ent Based on Cost		_					
	BASIS	• •						
	Budget							
	X Unaudited Costs							
	Field Audited Co							
	Revised Field Au							
	Cost Report Late	Cost Report Late Test						
	W. Ry	W. Rydell Samuel						
	Medic	Medicaid Cost Reimbursement Analysis						
		Fo	r Information on	ly - No Change in rate				

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