



**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, 2023 through June 30, 2024

<b>260011 - 2023/07</b>
<b>528.51 / 0.00</b>

Type of Control: Government

**Florida State Hospital**

County: Gadsden (20)

Fiscal Year: 7/1/2021 - 6/30/2022

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	6,594,925.00		4,135,014.00		Total Inpatient Days	9,303
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	5,833
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	1.0877259036
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	6,594,925.00	0.00	4,135,014.00	0.00	Property Rate Allowance	1.00
10. Charges	6,594,925.00	0.00	4,135,014.00	0.00	First Rate Semester in Effect	2023/07
11. Fixed Costs	1,215.00		761.80		Last Rate Semester in Effect	2023/07

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)		
	1. Normalized Rate	844.87		0.00	Exempt	Exempt	Exempt	Exempt
2. Base Rate Semester	2023/07	2023/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.6560	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	0.00	0.00	FPLI Year Used	2022	
4. Rate of Increase (Year/Sem.)	1.022262	1.049158	County Ceiling	0.00	0.00	FPLI	0.9125	

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	4,135,014.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	761.80	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,134,252.20	0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )	4,496,933.21	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,833	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	770.95	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)	770.95	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9125) 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)	770.95	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	0.13	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	771.08	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	4,135,014.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	708.90	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	771.09	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	771.08	0.00
AU	(IP%: 31.4582%, OP%: 25.6234%)	(242.57)	0.00
AV			
AW			
AX			
<b>AY</b>	<b>Final Prospective Rates</b>	<b>528.51</b>	<b>0.00</b>



**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, 2023 through June 30, 2024

<b>260029 - 2023/07</b>
<b>373.17 / 0.00</b>

**Northeast Florida State Hospital**

Type of Control: Government

County: Baker (2)

Fiscal Year: 7/1/2021 - 6/30/2022

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,950,043.00	0.00	81,715.00	0.00	Total Bed Days	21,900
2. Routine	9,693,128.00		4,616,133.00		Total Inpatient Days	19,684
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	9,374
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	1.0877259036
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	12,643,171.00	0.00	4,697,848.00	0.00	Property Rate Allowance	1.00
10. Charges	12,643,171.00	0.00	4,697,848.00	0.00	First Rate Semester in Effect	2023/07
11. Fixed Costs	194,302.00		72,197.18		Last Rate Semester in Effect	2023/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	577.70		0.00	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2023/07	2023/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.6560
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	0.00	0.00	FPLI Year Used	2022
4. Rate of Increase (Year/Sem.)	1.022262	1.049158	County Ceiling	0.00	0.00	FPLI	0.9291

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	4,697,848.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	72,197.18	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,625,650.82	0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )	5,031,440.22	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,374	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	536.74	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)	536.74	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9291) 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)	536.74	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	7.70	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	544.45	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	4,697,848.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	501.16	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	545.12	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	544.45	0.00
AU	(IP%: 31.4582%, OP%: 25.6234%)	(171.27)	0.00
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>	<b>373.17</b>	<b>0.00</b>



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<b>260045 - 2023/07</b>
<b>150.04 / 0.00</b>

Type of Control: Government

County: Broward (6)

Fiscal Year: 7/1/2021 - 6/30/2022

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	163,217.00	0.00	3,500.00	0.00	Total Bed Days	17,520
2. Routine	3,483,059.00		515,573.00		Total Inpatient Days	17,355
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,569
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	1.0877259036
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	3,646,276.00	0.00	519,073.00	0.00	Property Rate Allowance	1.00
10. Charges	3,646,276.00	0.00	519,073.00	0.00	First Rate Semester in Effect	2023/07
11. Fixed Costs	179,922.00		25,613.16		Last Rate Semester in Effect	2023/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	202.10		0.00	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2023/07	2023/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.6560
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	0.00	0.00	FPLI Year Used	2022
4. Rate of Increase (Year/Sem.)	1.022262	1.049158	County Ceiling	0.00	0.00	FPLI	1.0338

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	519,073.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	25,613.16	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	493,459.84	0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )	536,749.05	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,569	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	208.93	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)	208.93	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0338) 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)	208.93	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	9.97	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	218.90	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	519,073.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	202.05	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	219.78	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	218.90	0.00
AU	(IP%: 31.4582%, OP%: 25.6234%)	(68.86)	0.00
AV			
AW			
AX			
<b>AY</b>	<b>Final Prospective Rates</b>	<b>150.04</b>	<b>0.00</b>