

Florida Agency For Health Care Administration

260011 - 2023/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Rate Change Form

Florida State F	lospital					Provider Number:	0260011-00		
Building 260	·					Date:	6/30/2023		
Chattahoochee, FL 32324-						Fiscal Year End:	: 6/30/2022		
	•					Audit Status:	Unaudited Cost Report		
Provider Ty	pe:								
-	HOSF	PITAL		<u>Currer</u>	nt Rate	New Rate	Effective Date		
		Inpatient		316.64		528.51	7/1/2023		
Outpatient			t	0.	00	0.00	7/1/2023		
Inpatie	ent Coun	ty Billing	Rate				7/1/2023		
Rate Type:									
<u>. tato . </u>	<u>Interim</u>				X <u>Prosp</u>	<u>ective</u>			
	-	Total Inte	erim			X Total Prospec	etive		
		 Settleme	nt Based on	Cost					
		-			ASIS:				
		-		Budget -					
			Х	Unaudited					
				Field Audi					
		-		Revised F					
		-		Cost Repo —	ort Late Test				
							K		
					W. Rydell Sa	muel	βÚ		
				Medicaid Cost Reimbursement Analysis					
						For Information or	nly - No Change in rate		
Batch ID:Q9A0L						Printed on : 6/30/2023 1			
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Batch ID:Q9A0L



Florida Agency For Health Care Administration

260029 - 2023/07

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

Medicaid Reimbursement Rate Change Form

Northeast Florid	da State Ho	ospital				Pı	ovider Number:	0260029-	00	
HWY 121 SOU	TH						Date:	6/30/2023	3	
Macclenny, FL 32063-						F	Fiscal Year End: 6/30/2022			
•							Audit Status:	Unaudited	d Cost Report	
Provider Ty	pe:									
	HOSP	PITAL		Curren	t Rate		New Rate	<u> </u>	Effective Date	
		Inpatient		334	62		373.17		7/1/2023	
		Outpatient		0.0	0	<u> </u>	0.00		7/1/2023	
Inpatient County Billing Rate									7/1/2023	
Rate Type:										
	<u>Interim</u>				Х <u>Р</u> і	ospective				
		Total Inte	erim			X	Total Prospec	tive		
-		_ Settleme	nt Based on	Cost			_			
-		-								
		_		<u>B</u>	ASIS:					
		_		Budget -						
		_	X	Unaudited						
		_		Field Audito						
		_		Revised Fig						
		-		Cost Repor	t Late Te	est				
								IX	~	
				,	W. Rydel	l Samuel		PU		
				Ī	Medicaid Cost Reimbursement Analysis					
						Fo	or Information or	nly - No Ch	ange in rate	
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Florida Agency For Health Care Administration

260045 - 2023/07

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 H	0260045-00								
800 East Cypress Dr					Date:	6/30/2023			
Pembroke Pines, FL 33025-					6/30/2022				
				Audit Status: Unaudited Cost F					
Provider Type:									
<u>HC</u>	<u>OSPITAL</u>		Current Ra	<u>te</u>	New Rate	Effective Date			
	Inpatient				150.04	7/1/2023			
Outpatient			0.00		0.00	7/1/2023			
Inpatient Co	unty Billing	Rate				7/1/2023			
Rate Type:									
Interir	<u>m</u>		Х	Prospective	<u>e</u>				
	Total Inte	erim		_ X	Total Prospec	etive			
	Settleme	nt Based on	Cost		_				
	-		BASI	<u>S:</u>					
	-		Budget						
		Х	Unaudited Cos						
			Field Audited C						
	-		Revised Field A						
	-		Cost Report La	te rest					
						THE			
			W. F	Rydell Samuel		βÚ			
			Med	Medicaid Cost Reimbursement Analysis					
				F	or Information or	nly - No Change in rate			
Batch ID:Q9A0L				Prir	nted on : 6/30/2023 1	1:49 AM			