



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, 2024 through June 30, 2025

260011 - 2024/07
595.53 / 0.00

Type of Control: Government

Florida State Hospital

County: Gadsden (20)

Fiscal Year: 7/1/2022 - 6/30/2023

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	6,776,694.00		3,725,766.00		Total Inpatient Days	8,234
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,527
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	1.0557153127
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	6,776,694.00	0.00	3,725,766.00	0.00	Property Rate Allowance	1.00
10. Charges	6,776,694.00	0.00	3,725,766.00	0.00	First Rate Semester in Effect	2024/07
11. Fixed Costs	2,152.00		1,183.15		Last Rate Semester in Effect	2024/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	941.87		0.00	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2024/07	2024/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.7820
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	0.00	0.00	FPLI Year Used	2023
4. Rate of Increase (Year/Sem.)	1.020962	1.046289	County Ceiling	0.00	0.00	FPLI	0.9222

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	3,725,766.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	1,183.15	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,724,582.85	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	3,932,099.15	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,527	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	868.59	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)	868.59	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9222) 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)	868.59	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	0.26	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	868.85	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	3,725,766.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	823.01	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	868.86	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	868.85	0.00
AU	(IP%: 31.4582%, OP%: 25.6234%)	(273.32)	0.00
AV			
AW			
AX			
AY	Final Prospective Rates	595.53	0.00



Florida Agency for Health Care Administration
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 Computation of Hospital Prospective Payment Rates
 For Rate Semester July 01, 2024 through June 30, 2025

260029 - 2024/07
321.60 / 0.00

Northeast Florida State Hospital

Type of Control: Government

County: Baker (2)

Fiscal Year: 7/1/2022 - 6/30/2023

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	3,634,988.00	0.00	51,085.00	0.00	Total Bed Days	21,900
2. Routine	8,986,419.00		2,052,915.00		Total Inpatient Days	20,705
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,730
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	1.0557153127
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	12,621,407.00	0.00	2,104,000.00	0.00	Property Rate Allowance	1.00
10. Charges	12,621,407.00	0.00	2,104,000.00	0.00	First Rate Semester in Effect	2024/07
11. Fixed Costs	205,873.00		34,319.22		Last Rate Semester in Effect	2024/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	495.70		0.00	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2024/07	2024/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.7820
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	0.00	0.00	FPLI Year Used	2023
4. Rate of Increase (Year/Sem.)	1.020962	1.046289	County Ceiling	0.00	0.00	FPLI	0.9319

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	2,104,000.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	34,319.22	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,069,680.78	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	2,184,993.70	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,730	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	461.94	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)	461.94	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9319) 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)	461.94	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	7.26	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	469.20	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,104,000.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	444.82	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	469.60	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	469.20	0.00
AU	(IP%: 31.4582%, OP%: 25.6234%)	(147.60)	0.00
AV			
AW			
AX			
AY	Final Prospective Rates	321.60	0.00



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260045 - 2024/07
336.57 / 0.00

Type of Control: Government

County: Broward (6)

Fiscal Year: 7/1/2022 - 6/30/2023

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	246,554.00	0.00	8,241.00	0.00	Total Bed Days	18,250
2. Routine	8,398,240.00		2,002,365.00		Total Inpatient Days	18,102
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,316
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,821
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0557153127
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	8,644,794.00	0.00	2,010,606.00	0.00	Property Rate Allowance	1.00
10. Charges	8,644,794.00	0.00	2,010,606.00	0.00	First Rate Semester in Effect	2024/07
11. Fixed Costs	254,873.00		59,278.36		Last Rate Semester in Effect	2024/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	463.09		0.00	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2024/07	2024/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.7820
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	0.00	0.00	FPLI Year Used	2023
4. Rate of Increase (Year/Sem.)	1.020962	1.046289	County Ceiling	0.00	0.00	FPLI	1.0307

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	2,010,606.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	59,278.36	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,951,327.64	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	2,060,046.47	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,316	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	477.30	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)	477.30	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0307) 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)	477.30	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	13.73	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	491.04	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,010,606.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	465.85	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	491.80	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	491.04	0.00
AU	(IP%: 31.4582%, OP%: 25.6234%)	(154.47)	0.00
AV			
AW			
AX			
AY	Final Prospective Rates	336.57	0.00