Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

260011 - 2017/07

Medicaid Reimbursement Rate Change Form

Florida State Hospital
Building 260
Chattahoochee, FL 32324-

Provider Number: 0260011-00
Date: 6/30/2017
Fiscal Year End: 6/30/2016
Audit Status: Unaudited Cost Report

Provider Type:

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient	**482.92**	**300.66**	**7/1/2017**
Outpatient	**13.04**	**0.00**	**7/1/2017**
Inpatient County Billing Rate			**7/1/2017**

Rate Type:

	Interim	X	**Prospective**
	Total Interim	X	Total Prospective
	Settlement Based on Cost		

BASIS:

	Budget
X	Unaudited Costs
	Field Audited Costs
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Jesse Bottcher

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XJ52F

Printed on : 7/5/2017 8:57 AM

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

260029 - 2017/07

Medicaid Reimbursement Rate Change Form

Northeast Florida State Hospital
HWY 121 SOUTH
Macclenny, FL 32063-

Provider Number: 0260029-00
Date: 6/30/2017
Fiscal Year End: 6/30/2016
Audit Status: Unaudited Cost Report

Provider Type:

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient	**328.38**	**320.89**	**7/1/2017**
Outpatient	**13.04**	**0.00**	**7/1/2017**
Inpatient County Billing Rate			**7/1/2017**

Rate Type:

	Interim	X	**Prospective**
	Total Interim	X	Total Prospective
	Settlement Based on Cost		

BASIS:

	Budget
X	Unaudited Costs
	Field Audited Costs
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Jesse Bottcher

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XJ52F

Printed on : 7/5/2017 8:57 AM

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

260045 - 2017/07

Medicaid Reimbursement Rate Change Form

South Florida State Hospital
800 East Cypress Dr
Pembroke Pines, FL 33025-

Provider Number: 0260045-00
Date: 6/30/2017
Fiscal Year End: 6/30/2016
Audit Status: Unaudited Cost Report

Provider Type:

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient	**231.27**	**182.47**	**7/1/2017**
Outpatient	**13.04**	**0.00**	**7/1/2017**
Inpatient County Billing Rate			**7/1/2017**

Rate Type:

	Interim	X	**Prospective**
	Total Interim	X	Total Prospective
	Settlement Based on Cost		

BASIS:

	Budget
X	Unaudited Costs
	Field Audited Costs
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Jesse Bottcher

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XJ52F

Printed on : 7/5/2017 8:57 AM

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

260053 - 2017/07

Medicaid Reimbursement Rate Change Form

West Florida Community Care Center
5500 Stewart St.
Milton, FL 32570-

Provider Number: 0260053-00
Date: 6/30/2017
Fiscal Year End: 6/30/2016
Audit Status: Unaudited Cost Report

Provider Type:

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient	**263.25**	**184.73**	**7/1/2017**
Outpatient	**13.04**	**0.00**	**7/1/2017**
Inpatient County Billing Rate			**7/1/2017**

Rate Type:

	Interim	X	**Prospective**
	Total Interim	X	Total Prospective
	Settlement Based on Cost		

BASIS:

	Budget
X	Unaudited Costs
	Field Audited Costs
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Jesse Bottcher

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XJ52F

Printed on : 7/5/2017 8:57 AM