



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, 2015 through June 30, 2016

004170 - 2015/07
Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 6/1/2013 - 8/31/2014
 Hospital Classification: General

Kindred Hospital The Palm Beaches

Type of Action: Unaudited Cost Report

County: Palm Beach (50)
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	11,091,816.00	0.00	25,480.00	0.00	Total Bed Days	31,990
2. Routine	10,991,914.00		52,451.00		Total Inpatient Days	16,941
3. Special Care	3,149,171.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	65
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,146
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(491,079.00)	0.00	(1,516.68)	0.00	Medicaid Paid Claims	0
9. Total Cost	24,741,822.00	0.00	76,414.32	0.00	Property Rate Allowance	0.80
10. Charges	103,048,722.00	0.00	272,592.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	3,024,795.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,297.41	0.00	County Ceiling Base	1,054.35	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,313.84	0.00	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.50	209.37	FPLI	1.0251

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		0.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.53	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)	(5.00)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		14.53



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, 2015 through June 30, 2016

009496 - 2015/07

Outpatient Rate: 14.53

Florida Hospital at Connerton Long Term Acute

Care Hospital

Type of Control: Proprietary

Fiscal Year: 1/1/2013 - 12/31/2013

Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Pasco (51)

District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,931,151.00	0.00	136,812.00	0.00	Total Bed Days	18,250
2. Routine	14,355,000.00		269,368.00		Total Inpatient Days	17,424
3. Special Care	1,178,924.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	301
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,196
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(351,888.00)	0.00	(5,612.78)	0.00	Medicaid Paid Claims	0
9. Total Cost	25,113,187.00	0.00	400,567.22	0.00	Property Rate Allowance	0.80
10. Charges	80,128,003.00	0.00	1,209,891.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	3,390,845.00		51,199.99		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,265.66		0.00	County Ceiling Base	879.92	0.00
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,180.82	0.00	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,590.47	196.40	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9616) for Pasco (51)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.53
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)		(5.00)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		14.53



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, 2015 through June 30, 2016

016815 - 2015/07
Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 8/1/2013 - 8/31/2014
 Hospital Classification: General

Kindred Hospital Melbourne

Type of Action: Unaudited Cost Report

County: Brevard (5)
 District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,732,106.00	0.00	247,502.00	0.00	Total Bed Days	23,760
2. Routine	8,221,257.00		165,931.00		Total Inpatient Days	12,375
3. Special Care	2,741,760.00		98,349.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	282
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,922
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0335088559
8. Adjustments	(348,797.00)	0.00	(9,063.56)	0.00	Medicaid Paid Claims	0
9. Total Cost	19,346,326.00	0.00	502,718.44	0.00	Property Rate Allowance	0.80
10. Charges	78,132,754.00	0.00	2,136,995.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	2,885,467.00		78,919.89		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,666.51	0.00	County Ceiling Base	998.59	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,376.51	0.00	Cost Report DRI Index	2.0890
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,541.51	190.35	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9320) for Brevard (5)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.53
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)		(5.00)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		14.53



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, 2015 through June 30, 2016

020127 - 2015/07
Outpatient Rate: 242.60

Type of Control: Nonprofit (Other)
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: Rural Hospital

Sacred Heart Hospital on the Gulf

Type of Action: Unaudited Cost Report

County: Gulf (23)
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,492,343.00	11,404,467.00	180,833.00	1,136,325.00	Total Bed Days	6,935
2. Routine	3,278,430.00		220,056.00		Total Inpatient Days	2,522
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	158
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,475
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	4,535
9. Total Cost	5,770,773.00	11,404,467.00	400,889.00	1,136,325.00	Property Rate Allowance	1.00
10. Charges	9,672,449.00	28,181,192.00	600,129.00	3,111,581.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	3,573,714.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	992.98	285.61	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,505.45	185.90	FPLI	0.9102

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient	
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,136,325.00	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		1,136,325.00	
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,178,916.71	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		4,535	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		259.96	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		259.96	
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9102) for Gulf (23)		Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		259.96	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		259.96	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			3,111,581.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			686.13
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)			711.84
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		259.96	
AU	Medicaid Trend Adjustment (IP%: 10.4769 %, OP%: 9.7176 %)		(25.26)	
AV	Buy Back of Medicaid Trend Adjustment		7.90	
AW				
AX				
AY	Final Prospective Rates		242.60	



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, 2015 through June 30, 2016

025766 - 2015/07
Outpatient Rate: 389.03

Type of Control: Nonprofit (Other)

Shriners Hospital for Children-Tampa

County: Hillsborough (29)

Fiscal Year: 1/1/2013 - 12/31/2013

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: Specialized:Children's

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,683,616.00	5,820,989.00	956,178.00	1,030,289.00	Total Bed Days	21,900
2. Routine	4,709,231.00		1,129,255.00		Total Inpatient Days	588
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	141
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	1.0485672657
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	2,622
9. Total Cost	9,392,847.00	5,820,989.00	2,085,433.00	1,030,289.00	Property Rate Allowance	0.80
10. Charges	14,867,112.00	14,765,882.00	3,098,879.00	2,609,780.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		1,500,224.00		0.00	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	15,054.81	440.71	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,546.31	190.95	FPLI	0.9349

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,030,289.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		1,030,289.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,080,327.32
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		2,622
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		412.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		412.02
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9349) for Hillsborough (29)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		412.02
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	412.02	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		2,609,780.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		995.34
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		1,043.68
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		412.02
AU	Medicaid Trend Adjustment (IP%: 11.7458 %, OP%: 7.4057 %)		(30.51)
AV	Exemption Tier Adj (IP%: 88.7683 %, OP%: 88.7683 %)		(22.99)
AW	Buy Back of Medicaid Trend Adjustment		30.51
AX			
AY	Final Prospective Rates		389.03



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, 2015 through June 30, 2016

031588 - 2015/07
Outpatient Rate: 113.50

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

Viera Hospital
 Type of Action: Unaudited Cost Report

County: Brevard (5)
 District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	23,501,100.00	33,871,886.00	782,123.00	665,777.00	Total Bed Days	30,680
2. Routine	20,009,897.00		925,731.00		Total Inpatient Days	14,533
3. Special Care	5,852,073.00		230,824.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	718
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,759
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(488,287.52)	(335,052.48)	(19,176.93)	(6,585.70)	Medicaid Paid Claims	4,376
9. Total Cost	48,874,782.48	33,536,833.52	1,919,501.07	659,191.30	Property Rate Allowance	0.80
10. Charges	153,956,487.00	169,577,266.00	4,702,395.00	3,712,268.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	21,739,851.00		664,014.67		Last Rate Semester in Effect	2015/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,936.26	166.81	County Ceiling Base	998.59	184.13	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,671.29	226.36	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,541.51	190.35	FPLI	0.9320

Rate Calculations			Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)		Reimbursed by Diagnosis Related Groups	659,191.30
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			659,191.30
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))			680,303.06
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			4,376
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			155.46
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			234.34
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			155.46
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9320) for Brevard (5)			190.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			190.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			190.35
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			155.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)			155.46
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			3,712,268.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)			848.32
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)			875.49
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)			155.46
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)			(41.96)
AV	Buy Back of Medicaid Trend Adjustment			0.00
AW				
AX				
AY	Final Prospective Rates			113.50



Florida Agency for Health Care Administration
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 Computation of Hospital Prospective Payment Rates
 For Rate Semester July 01, 2015 through June 30, 2016

032265 - 2015/07
Outpatient Rate: 174.37

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

West Kendall Baptist Hospital

Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	42,497,695.00	72,816,070.00	8,407,574.00	6,048,933.00	Total Bed Days	48,545
2. Routine	47,405,256.00		4,053,209.00		Total Inpatient Days	28,801
3. Special Care	7,676,029.00		580,723.00		Total Newborn Days	2,202
4. Newborn Routine	2,281,271.00		1,929,032.00		Medicaid Inpatient Days	2,892
5. Intern-Resident	1,099,283.00		84,593.00		Medicaid Newborn IP Days	1,298
6. Home Health					Medicare Inpatient Days	6,268
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(1,300,517.53)	(937,985.47)	(193,933.76)	(77,919.77)	Medicaid Paid Claims	24,798
9. Total Cost	99,659,016.47	71,878,084.53	14,861,197.24	5,971,013.23	Property Rate Allowance	0.80
10. Charges	361,433,428.00	404,259,336.00	36,094,608.00	27,666,906.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		20,862,135.00		2,083,400.50	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,612.49	206.27	County Ceiling Base	1,051.21	230.71	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	3,658.40	244.44	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,971,013.23
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,971,013.23
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		6,162,245.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		24,798
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		248.50
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		253.05
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		248.50
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		238.84
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		238.84
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		27,666,906.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,115.69
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,151.42
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		238.84
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(64.46)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		174.37



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, 2015 through June 30, 2016

032975 - 2015/07
Outpatient Rate: 63.71

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

Palm Bay Hospital
 Type of Action: Unaudited Cost Report

County: Brevard (5)
 District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	18,385,464.00	26,520,260.00	1,230,747.00	1,799,567.00	Total Bed Days	55,480
2. Routine	27,494,658.00		2,245,362.00		Total Inpatient Days	27,371
3. Special Care	5,310,326.00		284,867.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,410
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,405
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(334,014.14)	(173,042.86)	(24,540.11)	(11,742.05)	Medicaid Paid Claims	21,144
9. Total Cost	50,856,433.86	26,347,217.14	3,736,435.89	1,787,824.95	Property Rate Allowance	0.80
10. Charges	217,999,407.00	209,657,145.00	13,218,777.00	15,749,768.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	9,936,308.00		602,505.49		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,439.95	93.63	County Ceiling Base	998.59	184.13	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,316.17	87.88	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,541.51	190.35	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,787,824.95
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,787,824.95
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,845,083.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		21,144
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		87.26
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		90.98
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		87.26
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9320) for Brevard (5)		190.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		190.35
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		87.26
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		87.26
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,749,768.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		744.88
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		768.74
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		87.26
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(23.55)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		63.71



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, 2015 through June 30, 2016

040876 - 2015/07
Outpatient Rate: 238.55

Type of Control: Nonprofit (Other)

Fiscal Year: 10/1/2012 - 12/31/2013

Hospital Classification: Specialized: Children's

Nemours Children's Hospital

Type of Action: Interim Budget

County: Orange (48)

District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	43,206,706.00	35,490,766.00	22,314,713.00	20,285,935.00	Total Bed Days	32,668
2. Routine	24,793,457.00		13,636,510.00		Total Inpatient Days	14,873
3. Special Care	19,358,618.00		10,646,209.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	8,180
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	1.0000000000
8. Adjustments	(601,167.16)	(244,232.84)	(320,664.34)	(139,599.45)	Medicaid Paid Claims	62,764
9. Total Cost	86,757,613.84	35,246,533.16	46,276,767.66	20,146,335.55	Property Rate Allowance	0.80
10. Charges	130,705,409.00	71,023,909.00	71,887,976.00	37,315,698.00	First Rate Semester in Effect	2012/07
11. Fixed Costs		30,938,005.00		17,015,903.00	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)		OP (F)		IP (G)		OP (G)		Inflation / FPLI Data (H)	
1. Normalized Rate	3,651.99	327.70	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590			
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0560			
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008			
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,620.08	200.06	FPLI	0.9795			

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	20,146,335.55
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		20,146,335.55
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		20,146,335.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		62,764
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		320.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		320.99
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9795) for Orange (48)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		320.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		320.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		37,315,698.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		594.54
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		594.54
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		320.99
AU	Medicaid Trend Adjustment (IP%: 11.7458 %, OP%: 7.4057 %)		(23.77)
AV	Exemption Tier Adj (IP%: 88.7683 %, OP%: 88.7683 %)		(33.38)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AY	Final Prospective Rates		263.83
	Final Prospective Rates (CON Settlement Agreement Rate) - Effective 07/01/2015-06/30/2015		238.55



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, 2015 through June 30, 2016

054568 - 2015/07

Outpatient Rate: 116.25

Type of Control: Nonprofit (Church)
 Fiscal Year: 10/1/2012 - 12/31/2013
 Hospital Classification: General

Florida Hospital Wesley Chapel

Type of Action: Unaudited Cost Report

County: Pasco (51)
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	23,466,013.00	34,522,782.00	2,123,185.00	2,222,095.00	Total Bed Days	37,931
2. Routine	18,105,572.00		1,642,101.00		Total Inpatient Days	16,773
3. Special Care	7,163,116.00		323,564.00		Total Newborn Days	939
4. Newborn Routine	1,810,384.00		884,947.00		Medicaid Inpatient Days	1,622
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	15
6. Home Health					Medicare Inpatient Days	4,864
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0500972763
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	14,655
9. Total Cost	50,545,085.00	34,522,782.00	4,973,797.00	2,222,095.00	Property Rate Allowance	0.80
10. Charges	211,866,050.00	216,712,622.00	13,458,661.00	14,041,818.00	First Rate Semester in Effect	2012/07
11. Fixed Costs		12,265,133.00		779,135.06	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,798.23	165.58	County Ceiling Base	879.92	184.22	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	2,602.28	156.84	Cost Report DRI Index	2.0560
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,590.47	196.40	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,222,095.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,222,095.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,333,415.91
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		14,655
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		159.22
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		162.37
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		159.22
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9616) for Pasco (51)		196.40
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		190.71
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		159.22
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		159.22
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		14,041,818.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		958.16
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,006.16
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		159.22
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(42.98)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		116.25



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, 2015 through June 30, 2016

063447 - 2015/07
Outpatient Rate: 141.33

Type of Control: Nonprofit (Church)
 Fiscal Year: 1/1/2012 - 12/31/2012
 Hospital Classification: General

Park Royal Hospital

Type of Action: Interim Budget

County: Lee (36)
 District: 8

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0.00	325,000.00	0.00	16,250.00	Total Bed Days	0
2. Routine	13,351,700.00		400,610.00		Total Inpatient Days	22,630
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	679
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	117,148.43	2,851.57	0.00	142.58	Prospective Inflation Factor	1.0000000000
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	65
9. Total Cost	13,468,848.43	327,851.57	400,610.00	16,392.58	Property Rate Allowance	0.80
10. Charges	15,250,950.00	422,500.00	458,325.00	21,125.00	First Rate Semester in Effect	2011/07
11. Fixed Costs	0.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	622.49	266.08	County Ceiling Base	1,016.73	187.25	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0160
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,567.64	193.58	FPLI	0.9478

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	16,392.58
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		16,392.58
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		16,392.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		65
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		252.19
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		252.19
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9478) for Lee (36)		193.58
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.85
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.58
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		193.58
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		193.58
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		21,125.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		325.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		325.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		193.58
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(52.25)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		141.33



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, 2015 through June 30, 2016

083692 - 2015/07
Outpatient Rate: 14.53

Type of Control: Nonprofit (Other)
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Healthsouth Rehabilitation Hospital of Ocala

Type of Action: Interim Budget

County: Marion (42)
 District: 3

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	14,600
2. Routine	10,416,556.00		55,208.00		Total Inpatient Days	9,644
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	51
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,294
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0000000000
8. Adjustments	(133,267.00)	0.00	(706.32)	0.00	Medicaid Paid Claims	3
9. Total Cost	10,283,289.00	0.00	54,501.68	0.00	Property Rate Allowance	0.80
10. Charges	16,394,848.00	0.00	302,003.00	0.00	First Rate Semester in Effect	2012/07
11. Fixed Costs	1,207,757.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	997.41	0.00	County Ceiling Base	937.25	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,560.53	192.70	FPLI	0.9435

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		3
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9435) for Marion (42)		192.70
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.53	
AU	(IP%: 31.4582 %, OP%: 25.6230 %)	(5.00)	
AV			
AW			
AX			
AY	Final Prospective Rates		14.53



Florida Agency for Health Care Administration
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092683 - 2015/07

Outpatient Rate: 141.76

Type of Control: Nonprofit (Other)
 Fiscal Year: 7/1/2014 - 6/30/2015
 Hospital Classification: General

Poinciana Medical Center

Type of Action: Interim Budget

County: Osceola (49)
 District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0.00	0.00	177,678,226.00	486,070,768.00	Total Bed Days	5,697
2. Routine	18,195,036.00		0.00		Total Inpatient Days	0
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	687
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	353,564.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0000000000
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	6,800
9. Total Cost	18,548,600.00	0.00	177,678,226.00	486,070,768.00	Property Rate Allowance	0.80
10. Charges	97,936,631.00	243,035,384.00	10,425,475.00	41,623,029.00	First Rate Semester in Effect	2013/07
11. Fixed Costs	0.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	271,555.18		75,053.54	County Ceiling Base	936.28	187.56
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.1060
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,575.25	194.52	FPLI	0.9524

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	486,070,768.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		486,070,768.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		486,070,768.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,800
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		71,481.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		71,481.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9524) for Osceola (49)		194.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		194.17
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		194.17
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		194.17
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	194.17	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	41,623,029.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,121.03	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,121.03	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	194.17	
AU	(IP%: 31.4582 %, OP%: 26.9910 %)	(52.41)	
AV			
AW			
AX			
AY	Final Prospective Rates		141.76



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095875 - 2015/07
Outpatient Rate: 14.53

Type of Control: Nonprofit (Other)
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Healthsouth Rehab of Martin

Type of Action: Interim Budget

County: Martin (43)
 District: 9

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	12,400
2. Routine	6,627,626.00		18,557,354.00		Total Inpatient Days	4,432
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	124
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,077
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0000000000
8. Adjustments	77,162.00	0.00	216,053.61	0.00	Medicaid Paid Claims	0
9. Total Cost	6,704,788.00	0.00	18,773,407.61	0.00	Property Rate Allowance	0.80
10. Charges	7,757,699.00	0.00	0.00	0.00	First Rate Semester in Effect	2013/07
11. Fixed Costs	970,616.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,355.34	0.00	County Ceiling Base	927.80	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,578.89	194.97	FPLI	0.9546

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9546) for Martin (43)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		0.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.53	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)	(5.00)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		14.53



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097013 - 2015/07
Outpatient Rate: 106.69

Type of Control: Nonprofit (Church)
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: General

St. Vincents Clay County
 Type of Action: Unaudited Cost Report

County: Clay (10)
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	11,877,814.00	17,545,849.00	490,279.00	671,759.00	Total Bed Days	23,360
2. Routine	12,190,706.00		432,302.00		Total Inpatient Days	11,629
3. Special Care	2,494,866.00		146,947.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	522
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,338
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(296,134.80)	(195,605.20)	(11,923.35)	(7,488.93)	Medicaid Paid Claims	4,716
9. Total Cost	26,267,251.20	17,350,243.80	1,057,604.65	664,270.07	Property Rate Allowance	0.80
10. Charges	102,995,596.00	115,864,444.00	3,778,406.00	5,477,994.00	First Rate Semester in Effect	2013/07
11. Fixed Costs	6,050,409.00		221,959.99		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,819.32	160.08	County Ceiling Base	911.02	180.35	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,625.76	144.31	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,509.92	186.45	FPLI	0.9129

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	664,270.07
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		664,270.07
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		689,168.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		4,716
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		146.13
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		149.39
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		146.13
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9129) for Clay (10)		186.45
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		186.70
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		186.45
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		146.13
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		146.13
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		5,477,994.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,161.58
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,205.11
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		146.13
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(39.44)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		106.69



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100030 - 2015/07
Outpatient Rate: 159.82

UF Health Shands Hospital

Type of Control: Nonprofit (Other)

County: Alachua (1)

Fiscal Year: 7/1/2013 - 6/30/2014

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	422,776,070.00	248,569,899.00	68,862,477.00	32,097,378.00	Total Bed Days	325,965
2. Routine	214,379,278.00		57,148,669.00		Total Inpatient Days	267,817
3. Special Care	101,710,424.00		0.00		Total Newborn Days	11,019
4. Newborn Routine	12,591,887.00		0.00		Medicaid Inpatient Days	55,692
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	3,025
6. Home Health					Medicare Inpatient Days	87,868
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	152,947
9. Total Cost	751,457,659.00	248,569,899.00	126,011,146.00	32,097,378.00	Property Rate Allowance	0.80
10. Charges	2,292,489,710.00	1,124,768,380.00	358,418,401.00	116,898,841.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	85,388,482.00		13,350,028.60		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,257.72	246.94	County Ceiling Base	32,767.00	169.62	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,541.70	245.94	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,458.32	180.08	FPLI	0.8817

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	32,097,378.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	32,097,378.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		33,300,451.27
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		152,947
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		217.73
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		217.73
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8817) for Alachua (1)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		217.73
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		217.73
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		116,898,841.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		764.31
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		792.96
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		217.73
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(57.22)
AV	Exemption Tier Adj (IP%: 70.7683 %, OP%: 70.7683 %)		(8.61)
AW	Buy Back of Medicaid Trend Adjustment		7.92
AX			
AY	Final Prospective Rates		159.82



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100048 - 2015/07
Outpatient Rate: 110.51

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Rural Hospital

Ed Fraser Memorial Hospital

Type of Action: Unaudited Cost Report

County: Baker (2)
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	384,117.00	11,108,858.00	21,030.00	918,232.00	Total Bed Days	9,125
2. Routine	1,530,031.00		46,365.00		Total Inpatient Days	480
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	16
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	363
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	7,979
9. Total Cost	1,914,148.00	11,108,858.00	67,395.00	918,232.00	Property Rate Allowance	1.00
10. Charges	2,593,164.00	46,209,615.00	93,552.00	3,388,977.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	1,076,692.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,887.99	124.53	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,577.40	194.79	FPLI	0.9537

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	918,232.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		918,232.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		947,640.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		7,979
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		118.77
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		118.77
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9537) for Baker (2)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		118.77
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	118.77	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		3,388,977.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		424.74
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		438.34
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		118.77
AU	Medicaid Trend Adjustment (IP%: 14.3869 %, OP%: 9.7176 %)		(11.54)
AV	Buy Back of Medicaid Trend Adjustment		3.28
AW			
AX			
AY	Final Prospective Rates		110.51



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100064 - 2015/07
Outpatient Rate: 93.86

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: Special

Bay Medical Center Sacred Heart Health System

Type of Action: Unaudited Cost Report

County: Bay (3)
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	64,103,785.00	73,353,478.00	10,118,910.00	5,328,229.00	Total Bed Days	117,895
2. Routine	38,626,723.00		3,843,281.00		Total Inpatient Days	68,955
3. Special Care	23,470,497.00		2,003,743.00		Total Newborn Days	771
4. Newborn Routine	218,707.00		138,431.00		Medicaid Inpatient Days	7,506
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	8
6. Home Health					Medicare Inpatient Days	35,816
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(1,700,784.04)	(986,858.96)	(216,659.62)	(71,683.18)	Medicaid Paid Claims	42,709
9. Total Cost	124,718,927.96	72,366,619.04	15,887,705.38	5,256,545.82	Property Rate Allowance	0.80
10. Charges	512,994,026.00	479,983,701.00	60,945,983.00	36,392,285.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		16,449,693.00		1,954,297.05	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,170.32	144.05	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,481.80	182.98	FPLI	0.8959

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,256,545.82
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,256,545.82
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		5,511,841.88
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		42,709
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		129.06
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		129.06
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8959) for Bay (3)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		129.06
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		129.06
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		36,392,285.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		852.10
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		893.48
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		129.06
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(34.83)
AV	Exemption Tier Adj (IP%: 70.7683 %, OP%: 70.7683 %)		(0.37)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		93.86



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100072 - 2015/07
Outpatient Rate: 82.75

Type of Control: Proprietary
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: Rural Hospital

Shands Starke Regional Medical Center

Type of Action: Unaudited Cost Report

County: Bradford (4)
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,953,847.00	12,406,231.00	304,476.00	1,705,316.00	Total Bed Days	9,125
2. Routine	4,713,812.00		298,263.00		Total Inpatient Days	4,347
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	327
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,629
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(81,828.28)	(132,397.72)	(6,432.35)	(18,198.92)	Medicaid Paid Claims	21,152
9. Total Cost	7,585,830.72	12,273,833.28	596,306.65	1,687,117.08	Property Rate Allowance	1.00
10. Charges	24,508,291.00	70,459,274.00	2,100,502.00	9,881,612.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		1,729,586.00		148,235.50	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,588.92	92.49	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,479.82	182.74	FPLI	0.8947

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,687,117.08
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,687,117.08
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,750,353.57
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		21,152
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		82.75
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		82.75
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8947) for Bradford (4)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		82.75
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		82.75
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		9,881,612.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		467.17
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		484.68
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		82.75
AU	Medicaid Trend Adjustment (IP%: 10.4769 %, OP%: 8.0635 %)		(6.67)
AV	Buy Back of Medicaid Trend Adjustment		6.67
AW			
AX			
AY	Final Prospective Rates		82.75



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100081 - 2015/07
Outpatient Rate: 81.37

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Special

Holmes Regional Medical Center

Type of Action: Unaudited Cost Report

County: Brevard (5)
 District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	160,004,871.00	96,209,107.00	12,427,901.00	4,094,097.00	Total Bed Days	187,610
2. Routine	103,012,970.00		11,489,145.00		Total Inpatient Days	129,471
3. Special Care	23,259,227.00		1,381,921.00		Total Newborn Days	8,895
4. Newborn Routine	5,229,529.00		2,097,111.00		Medicaid Inpatient Days	15,028
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	130
6. Home Health					Medicare Inpatient Days	51,922
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(4,120,654.41)	(1,359,984.59)	(387,263.17)	(57,872.99)	Medicaid Paid Claims	39,456
9. Total Cost	287,385,942.59	94,849,122.41	27,008,814.83	4,036,224.01	Property Rate Allowance	0.80
10. Charges	1,256,959,413.00	603,665,168.00	100,574,551.00	29,979,106.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		36,112,391.00		2,889,502.61	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,761.97	113.28	County Ceiling Base	998.59	184.13	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,023.03	108.45	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,541.51	190.35	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,036,224.01
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,036,224.01
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		4,165,491.22
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		39,456
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		105.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		112.27
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		105.57
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9320) for Brevard (5)		190.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		190.35
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		105.57
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		105.57
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		29,979,106.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		759.81
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		784.15
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		105.57
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(27.74)
AV	Exemption Tier Adj (IP%: 6.6181 %, OP%: 66.1809 %)		0.00
AW	Buy Back of Medicaid Trend Adjustment		3.54
AX			
AY	Final Prospective Rates		81.37



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100099 - 2015/07
Outpatient Rate: 85.69

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

Cape Canaveral Hospital
 Type of Action: Unaudited Cost Report

County: Brevard (5)
 District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	26,761,828.00	33,343,721.00	2,670,533.00	1,294,847.00	Total Bed Days	54,750
2. Routine	24,214,660.00		2,594,430.00		Total Inpatient Days	27,569
3. Special Care	4,437,942.00		334,427.00		Total Newborn Days	1,575
4. Newborn Routine	1,203,705.00		578,545.00		Medicaid Inpatient Days	3,063
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	16
6. Home Health					Medicare Inpatient Days	12,247
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(743,011.47)	(437,576.53)	(81,074.32)	(16,992.54)	Medicaid Paid Claims	11,236
9. Total Cost	55,875,123.53	32,906,144.47	6,096,860.68	1,277,854.46	Property Rate Allowance	0.80
10. Charges	227,903,474.00	235,540,664.00	18,223,813.00	8,326,708.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		10,675,201.00		853,619.58	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,885.67	125.93	County Ceiling Base	998.59	184.13	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	797.42	131.47	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,541.51	190.35	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,277,854.46
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,277,854.46
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,318,780.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,236
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		117.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		136.10
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		117.37
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9320) for Brevard (5)		190.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		190.35
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		117.37
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		117.37
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		8,326,708.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		741.07
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		764.81
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		117.37
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(31.68)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		85.69



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100102 - 2015/07
Outpatient Rate: 101.08

Parrish Medical Center

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Brevard (5)
 District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	30,155,120.00	58,485,393.00	2,401,408.00	3,647,501.00	Total Bed Days	76,860
2. Routine	39,168,529.00		3,827,098.00		Total Inpatient Days	27,514
3. Special Care	5,404,171.00		0.00		Total Newborn Days	1,572
4. Newborn Routine	1,240,055.00		808,561.00		Medicaid Inpatient Days	2,938
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	76
6. Home Health					Medicare Inpatient Days	11,877
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(999,187.47)	(769,244.53)	(92,556.88)	(47,974.72)	Medicaid Paid Claims	25,254
9. Total Cost	74,968,687.53	57,716,148.47	6,944,510.12	3,599,526.28	Property Rate Allowance	0.80
10. Charges	230,320,914.00	357,976,035.00	14,575,341.00	19,054,878.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	17,196,453.00		1,088,238.85		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,151.56	157.83	County Ceiling Base	998.59	184.13	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	815.92	113.52	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,541.51	190.35	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,599,526.28
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,599,526.28
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,714,807.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		25,254
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		147.10
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		147.10
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9320) for Brevard (5)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		147.10
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		147.10
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		19,054,878.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		754.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		778.69
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		147.10
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(39.70)
AV	Exemption Tier Adjustment (IP%: 70.7683 %, OP%: 70.7683 %)		(6.31)
AW			
AX			
AY	Final Prospective Rates		101.08



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100111 - 2015/07
Outpatient Rate: 60.43

Type of Control: Proprietary
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

Wuesthoff Medical Center-Rockledge

Type of Action: Unaudited Cost Report

County: Brevard (5)
 District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	47,779,502.00	44,087,534.00	4,394,048.00	2,073,257.00	Total Bed Days	108,770
2. Routine	31,237,574.00		633,861.00		Total Inpatient Days	56,670
3. Special Care	12,382,482.00		285,494.00		Total Newborn Days	1,017
4. Newborn Routine	204,718.00		52,741.00		Medicaid Inpatient Days	1,325
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	24,215
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(1,236,204.45)	(594,963.55)	(72,416.39)	(27,978.71)	Medicaid Paid Claims	25,500
9. Total Cost	90,368,071.55	43,492,570.45	5,293,727.61	2,045,278.29	Property Rate Allowance	0.80
10. Charges	642,903,427.00	511,386,129.00	43,931,666.00	29,439,425.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		11,054,448.00		755,386.11	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	3,792.77	88.82	County Ceiling Base	998.59	184.13	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	905.06	92.35	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,541.51	190.35	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,045,278.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,045,278.29
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,110,781.94
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		25,500
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		82.78
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		95.60
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		82.78
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9320) for Brevard (5)		190.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		190.35
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		82.78
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		82.78
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		29,439,425.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,154.49
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,191.46
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		82.78
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(22.34)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		60.43



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100129 - 2015/07
Outpatient Rate: 134.59

Broward Health Medical Center

Type of Control: Government

County: Broward (6)

Fiscal Year: 7/1/2013 - 6/30/2014

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: CHEP

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	146,245,663.00	132,524,542.00	40,850,988.00	18,075,844.00	Total Bed Days	239,440
2. Routine	94,686,153.00		24,943,893.00		Total Inpatient Days	147,157
3. Special Care	57,927,980.00		25,699,710.00		Total Newborn Days	6,191
4. Newborn Routine	2,928,626.00		1,975,930.00		Medicaid Inpatient Days	49,164
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	174
6. Home Health					Medicare Inpatient Days	27,610
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(3,476,922.02)	(1,526,822.98)	(1,076,879.33)	(208,252.85)	Medicaid Paid Claims	105,524
9. Total Cost	298,311,499.98	130,997,719.02	92,393,641.67	17,867,591.15	Property Rate Allowance	0.80
10. Charges	1,081,939,696.00	629,639,292.00	301,546,604.00	70,594,821.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	34,946,470.00		9,739,904.53		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,606.33	162.36	County Ceiling Base	1,014.06	207.82	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,159.14	138.50	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	17,867,591.15
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	17,867,591.15
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		18,537,303.84
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		105,524
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		175.67
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		175.67
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		175.67
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		175.67
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		70,594,821.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		668.99
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		694.07
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		175.67
AU	Medicaid Trend Adjustment (IP%: 27.2260 %, OP%: 26.2788 %)		(46.16)
AV	Exemption Tier Adj (IP%: 70.7683 %, OP%: 70.7683 %)		(6.60)
AW	Buy Back of Medicaid Trend Adjustment		11.69
AX			
AY	Final Prospective Rates		134.59



Florida Agency for Health Care Administration
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100188 - 2015/07
Outpatient Rate: 87.07

Type of Control: Nonprofit (Other)
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: General

Holy Cross Hospital, Inc.
 Type of Action: Unaudited Cost Report

County: Broward (6)
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	87,628,266.00	149,748,190.00	4,604,157.00	1,861,912.00	Total Bed Days	203,305
2. Routine	56,100,770.00		3,422,958.00		Total Inpatient Days	80,757
3. Special Care	25,218,851.00		2,519,788.00		Total Newborn Days	2,757
4. Newborn Routine	996,185.00		365,666.00		Medicaid Inpatient Days	5,864
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	405
6. Home Health					Medicare Inpatient Days	35,941
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(2,138,217.69)	(1,884,115.31)	(137,300.75)	(23,426.37)	Medicaid Paid Claims	15,993
9. Total Cost	167,805,854.31	147,864,074.69	10,775,268.25	1,838,485.63	Property Rate Allowance	0.80
10. Charges	797,152,872.00	839,383,243.00	32,954,390.00	11,650,686.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	30,582,862.00		1,264,298.98		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,454.72		110.23	1,014.06	213.76	Semester DRI Index
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	934.00	122.75	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,838,485.63
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,838,485.63
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,907,395.71
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,993
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.26
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		127.07
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		119.26
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		220.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		221.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		220.99
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		119.26
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		119.26
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		11,650,686.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		728.49
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		755.79
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		119.26
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(32.19)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		87.07



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100196 - 2015/07
Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 9/1/2013 - 8/31/2014
 Hospital Classification: General

Kindred Hospital-South Florida-Ft Lauderdale

Type of Action: Unaudited Cost Report

County: Broward (6)
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,565,589.00	0.00	0.00	0.00	Total Bed Days	25,518
2. Routine	10,800,753.00		0.00		Total Inpatient Days	15,029
3. Special Care	2,683,727.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	0
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	1.0335088559
8. Adjustments	(417,907.00)	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	23,632,162.00	0.00	0.00	0.00	Property Rate Allowance	0.80
10. Charges	106,122,049.00	0.00	0.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	3,522,802.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,278.07	0.00	County Ceiling Base	1,014.06	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	839.09	0.00	Cost Report DRI Index	2.0890
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.53	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)	(5.00)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		14.53



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100200 - 2015/07
Outpatient Rate: 171.36

Type of Control: Government

County: Broward (6)

Fiscal Year: 5/1/2013 - 4/30/2014

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: Special

Memorial Regional Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	220,506,648.00	246,189,267.00	44,835,159.00	34,943,775.00	Total Bed Days	378,505
2. Routine	152,842,041.00		22,583,954.00		Total Inpatient Days	167,066
3. Special Care	43,691,034.00		11,041,838.00		Total Newborn Days	30,670
4. Newborn Routine	24,818,130.00		16,886,625.00		Medicaid Inpatient Days	30,724
5. Intern-Resident	1,673,515.00		277,089.00		Medicaid Newborn IP Days	19,283
6. Home Health					Medicare Inpatient Days	39,965
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0419884170
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	155,240
9. Total Cost	443,531,368.00	246,189,267.00	95,624,665.00	34,943,775.00	Property Rate Allowance	0.80
10. Charges	2,197,172,835.00	1,802,982,209.00	482,069,458.00	192,661,543.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	119,270,112.00		26,168,391.19		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,337.57		216.77	County Ceiling Base	1,014.06	207.82
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	977.32	144.60	Cost Report DRI Index	2.0720
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	34,943,775.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	34,943,775.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		36,411,008.80
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		155,240
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		234.55
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		234.55
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		234.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		234.55
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		192,661,543.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,241.06
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,293.17
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		234.55
AU	Medicaid Trend Adjustment (IP%: 29.8253 %, OP%: 26.2788 %)		(61.64)
AV	Exemption Tier Adj (IP%: 70.7683 %, OP%: 70.7683 %)		(17.35)
AW	Buy Back of Medicaid Trend Adjustment		15.80
AX			
AY	Final Prospective Rates		171.36



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100218 - 2015/07
Outpatient Rate: 110.09

Broward Health North

Type of Control: Government

County: Broward (6)

Fiscal Year: 7/1/2013 - 6/30/2014

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	79,112,419.00	52,466,781.00	8,861,271.00	4,538,516.00	Total Bed Days	121,910
2. Routine	52,756,195.00		6,413,317.00		Total Inpatient Days	76,438
3. Special Care	19,171,852.00		2,474,787.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	11,760
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,082
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(1,755,198.42)	(609,701.58)	(206,260.45)	(52,740.81)	Medicaid Paid Claims	34,843
9. Total Cost	149,285,267.58	51,857,079.42	17,543,114.55	4,485,775.19	Property Rate Allowance	0.80
10. Charges	586,983,536.00	284,501,875.00	69,608,582.00	22,136,668.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		13,603,944.00		1,613,250.11	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,298.85	123.45	County Ceiling Base	1,014.06	207.82	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	841.08	123.16	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,485,775.19
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,485,775.19
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		4,653,910.93
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		34,843
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		133.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		133.57
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		133.57
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		133.57
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		22,136,668.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		635.33
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		659.14
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		133.57
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(35.10)
AV	Exemption Tier Adj (IP%: 70.7683 %, OP%: 70.7683 %)		(1.24)
AW	Buy Back of Medicaid Trend Adjustment		12.86
AX			
AY	Final Prospective Rates		110.09



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100269 - 2015/07
Outpatient Rate: 51.60

Type of Control: Government
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: Rural Hospital

Calhoun Liberty Hospital
 Type of Action: Unaudited Cost Report

County: Calhoun (7)
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	962,118.00	3,780,511.00	54,584.00	340,395.00	Total Bed Days	5,475
2. Routine	1,585,621.00		92,446.00		Total Inpatient Days	1,937
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	125
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,349
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(44,763.23)	(66,422.77)	(2,583.29)	(5,980.67)	Medicaid Paid Claims	6,795
9. Total Cost	2,502,975.77	3,714,088.23	144,446.71	334,414.33	Property Rate Allowance	1.00
10. Charges	7,545,412.00	15,471,221.00	379,830.00	1,168,338.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	164,708.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,506.53	61.42	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,389.68	171.61	FPLI	0.8402

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	334,414.33
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		334,414.33
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		350,655.92
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		6,795
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		51.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		51.61
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8402) for Calhoun (7)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		51.61
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	51.61	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		1,168,338.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		171.94
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		180.29
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		51.61
AU	Medicaid Trend Adjustment (IP%: 10.4769 %, OP%: 8.0635 %)		(4.16)
AV	Buy Back of Medicaid Trend Adjustment		4.16
AW			
AX			
AY	Final Prospective Rates		51.60



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100277 - 2015/07
Outpatient Rate: 48.85

Type of Control: Proprietary
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

Bayfront Health Punta Gorda

Type of Action: Unaudited Cost Report

County: Charlotte (8)
 District: 8

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	21,647,013.00	15,134,547.00	555,483.00	556,267.00	Total Bed Days	69,368
2. Routine	21,272,138.00		290,920.00		Total Inpatient Days	33,221
3. Special Care	2,938,259.00		184,579.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	678
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	20,208
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(3,905,988.40)	(1,289,112.60)	(87,815.77)	(47,381.05)	Medicaid Paid Claims	7,849
9. Total Cost	41,951,421.60	13,845,434.40	943,166.23	508,885.95	Property Rate Allowance	0.80
10. Charges	304,700,198.00	168,325,407.00	8,445,924.00	7,873,567.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	6,846,235.00		189,769.42		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,206.01	70.37	County Ceiling Base	984.61	187.86	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	975.28	80.21	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,572.77	194.21	FPLI	0.9509

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	508,885.95
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		508,885.95
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		525,183.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,849
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		66.91
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		83.04
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		66.91
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9509) for Charlotte (8)		194.21
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		194.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		194.21
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		66.91
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		66.91
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		7,873,567.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,003.13
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,035.26
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		66.91
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(18.06)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		48.85



Florida Agency for Health Care Administration
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100285 - 2015/07

Outpatient Rate: 63.14

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Bayfront Health Port Charlotte

Type of Action: Unaudited Cost Report

County: Charlotte (8)
 District: 8

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	45,138,143.00	34,494,182.00	3,450,032.00	3,025,757.00	Total Bed Days	84,315
2. Routine	24,110,683.00		2,105,292.00		Total Inpatient Days	47,453
3. Special Care	12,536,899.00		595,728.00		Total Newborn Days	3,867
4. Newborn Routine	1,473,982.00		1,024,204.00		Medicaid Inpatient Days	4,000
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,736
6. Home Health					Medicare Inpatient Days	25,223
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	24,599
9. Total Cost	83,259,707.00	34,494,182.00	7,175,256.00	3,025,757.00	Property Rate Allowance	0.80
10. Charges	667,461,079.00	420,649,563.00	54,177,185.00	32,800,051.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		12,230,038.00		992,700.63	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,188.56	135.64	County Ceiling Base	984.61	187.86	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	770.23	83.54	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,572.77	194.21	FPLI	0.9509

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,025,757.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,025,757.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,172,709.74
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		24,599
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		128.98
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		86.48
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		86.48
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9509) for Charlotte (8)		194.21
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		194.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		194.21
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		86.48
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		86.48
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		32,800,051.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,333.39
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,398.15
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		86.48
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(23.34)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		63.14



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100315 - 2015/07
Outpatient Rate: 78.40

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Special

Naples Community Hospital

Type of Action: Unaudited Cost Report

County: Collier (11)
 District: 8

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	119,229,760.00	98,407,470.00	11,987,226.00	4,592,743.00	Total Bed Days	260,245
2. Routine	95,682,715.00		7,039,692.00		Total Inpatient Days	118,246
3. Special Care	13,846,867.00		1,267,171.00		Total Newborn Days	10,763
4. Newborn Routine	7,585,178.00		4,385,231.00		Medicaid Inpatient Days	10,345
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	2,170
6. Home Health					Medicare Inpatient Days	67,366
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(3,796,740.77)	(1,580,860.23)	(396,459.29)	(73,779.81)	Medicaid Paid Claims	42,290
9. Total Cost	232,547,779.23	96,826,609.77	24,282,860.71	4,518,963.19	Property Rate Allowance	0.80
10. Charges	958,296,307.00	631,105,079.00	79,466,889.00	28,709,805.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		27,472,091.00		2,278,127.95	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)			Inflation / FPLI Data (H)		
			IP (G)	OP (G)			
1. Normalized Rate	1,813.31	110.20	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,107.82	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,655.14	204.39	FPLI	1.0007

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,518,963.19
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,518,963.19
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		4,663,690.97
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		42,290
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		110.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		110.28
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0007) for Collier (11)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		110.28
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		110.28
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		28,709,805.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		678.88
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		700.62
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		110.28
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(29.77)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(2.11)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		78.40



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100331 - 2015/07
Outpatient Rate: 99.26

Type of Control: Proprietary
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: Rural Hospital

Shands Lake Shore Regional Medical Center

Type of Action: Unaudited Cost Report

County: Columbia (12)
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,757,562.00	15,174,208.00	4,074,295.00	3,887,151.00	Total Bed Days	36,135
2. Routine	11,547,546.00		2,647,045.00		Total Inpatient Days	16,584
3. Special Care	3,275,236.00		722,950.00		Total Newborn Days	2,201
4. Newborn Routine	796,587.00		671,724.00		Medicaid Inpatient Days	4,044
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	200
6. Home Health					Medicare Inpatient Days	6,723
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(342,884.70)	(183,353.30)	(98,067.58)	(46,969.30)	Medicaid Paid Claims	40,136
9. Total Cost	28,034,046.30	14,990,854.70	8,017,946.42	3,840,181.70	Property Rate Allowance	1.00
10. Charges	131,111,553.00	108,470,270.00	32,288,548.00	26,999,950.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	4,735,807.00		1,166,276.56		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,852.41	109.78	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,495.53	184.68	FPLI	0.9042

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,840,181.70
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,840,181.70
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,984,119.31
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		40,136
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		99.27
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		99.27
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9042) for Columbia (12)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		99.27
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		99.27
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		26,999,950.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		672.71
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		697.93
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		99.27
AU	Medicaid Trend Adjustment (IP%: 10.4769 %, OP%: 8.0635 %)		(8.00)
AV	Buy Back of Medicaid Trend Adjustment		8.00
AW			
AX			
AY	Final Prospective Rates		99.26



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100358 - 2015/07
Outpatient Rate: 153.42

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Special

Baptist Of Miami
 Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	260,499,925.00	249,343,808.00	26,332,039.00	11,992,024.00	Total Bed Days	248,200
2. Routine	204,412,387.00		17,799,267.00		Total Inpatient Days	182,001
3. Special Care	41,960,427.00		9,415,613.00		Total Newborn Days	9,333
4. Newborn Routine	6,576,658.00		1,922,340.00		Medicaid Inpatient Days	20,471
5. Intern-Resident	3,360,011.00		291,696.00		Medicaid Newborn IP Days	2,556
6. Home Health					Medicare Inpatient Days	41,815
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(8,044,401.64)	(3,881,163.36)	(867,947.66)	(186,661.96)	Medicaid Paid Claims	55,836
9. Total Cost	508,765,006.36	245,462,644.64	54,893,007.34	11,805,362.04	Property Rate Allowance	0.80
10. Charges	2,247,540,118.00	1,222,295,894.00	214,437,696.00	58,416,745.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		50,931,443.00		4,859,366.56	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,861.39	181.12	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	11,805,362.04
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		11,805,362.04
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		12,183,449.64
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		55,836
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		218.20
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		218.20
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		218.20
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		218.20
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		58,416,745.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,046.22
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,079.73
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		218.20
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(58.89)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(5.89)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		153.42



Florida Agency for Health Care Administration
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100366 - 2015/07
Outpatient Rate: 134.72

Type of Control: Nonprofit (Other)
 Fiscal Year: 6/1/2013 - 5/31/2014
 Hospital Classification: Special

University of Miami Hospital

Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	163,250,034.00	69,112,958.00	15,842,977.00	5,484,107.00	Total Bed Days	187,610
2. Routine	81,964,868.00		8,734,282.00		Total Inpatient Days	118,963
3. Special Care	24,246,852.00		2,551,254.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	13,094
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	49,732
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	(3,631,104.38)	(931,324.62)	(365,567.51)	(73,900.52)	Medicaid Paid Claims	28,657
9. Total Cost	265,830,649.62	68,181,633.38	26,762,945.49	5,410,206.48	Property Rate Allowance	0.80
10. Charges	1,598,634,382.00	490,588,859.00	178,713,362.00	37,212,750.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		34,027,100.00		3,803,932.60	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,512.93	162.90	County Ceiling Base	1,051.21	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,410,206.48
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,410,206.48
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		5,623,801.53
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		28,657
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		196.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		196.25
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		196.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		196.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		37,212,750.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,298.56
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,349.82
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		196.25
AU	Medicaid Trend Adjustment (IP%: 28.3278 %, OP%: 26.9907 %)		(52.97)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(8.55)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		134.72



Florida Agency for Health Care Administration
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100412 - 2015/07
Outpatient Rate: 67.57

Type of Control: Proprietary
 Fiscal Year: 6/1/2013 - 5/31/2014
 Hospital Classification: Special

Hialeah Hospital
 Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	38,566,868.00	21,183,731.00	10,208,934.00	3,886,114.00	Total Bed Days	124,830
2. Routine	30,153,864.00		6,882,912.00		Total Inpatient Days	51,986
3. Special Care	13,477,943.00		3,795,938.00		Total Newborn Days	2,666
4. Newborn Routine	1,027,284.00		831,927.00		Medicaid Inpatient Days	13,079
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	105
6. Home Health					Medicare Inpatient Days	15,395
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	43,649
9. Total Cost	83,225,959.00	21,183,731.00	21,719,711.00	3,886,114.00	Property Rate Allowance	0.80
10. Charges	638,478,607.00	249,046,558.00	127,190,132.00	42,267,251.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	7,855,182.00		1,564,816.15		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,319.08	76.82	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,886,114.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,886,114.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		4,039,537.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		43,649
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		92.55
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		92.55
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		92.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		92.55
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		42,267,251.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		968.34
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,006.57
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		92.55
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(24.98)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		67.57



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, 2015 through June 30, 2016

100421 - 2015/07

Outpatient Rate: 192.31

Jackson Memorial Hospital

Type of Control: Government

County: Dade (13)

Fiscal Year: 10/1/2013 - 9/30/2014

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	434,976,889.00	341,938,589.00	113,286,147.00	50,660,368.00	Total Bed Days	621,595
2. Routine	302,737,248.00		74,856,155.00		Total Inpatient Days	367,617
3. Special Care	132,475,154.00		23,874,891.00		Total Newborn Days	31,265
4. Newborn Routine	34,004,882.00		17,982,663.00		Medicaid Inpatient Days	96,109
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	7,660
6. Home Health					Medicare Inpatient Days	56,274
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	216,252
9. Total Cost	904,194,173.00	341,938,589.00	229,999,856.00	50,660,368.00	Property Rate Allowance	0.80
10. Charges	2,955,595,259.00	1,132,598,663.00	770,831,811.00	165,309,920.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	97,254,142.00		25,364,293.77		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,689.37		200.69	County Ceiling Base	32,767.00	230.71
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,411.35	225.94	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	50,660,368.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		50,660,368.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		52,282,855.88
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		216,252
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		241.77
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		241.77
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		241.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		241.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		165,309,920.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		764.43
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		788.91
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		241.77
AU	Medicaid Trend Adjustment (IP%: 27.2260 %, OP%: 26.2788 %)		(63.53)
AV	Exemption Tier Adj (IP%: 70.7683 %, OP%: 70.7683 %)		(1.61)
AW	Buy Back of Medicaid Trend Adjustment		15.68
AX			
AY	Final Prospective Rates		192.31



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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100439 - 2015/07
Outpatient Rate: 135.65

Type of Control: Nonprofit (Church)
 Fiscal Year: 1/1/2010 - 12/31/2010
 Hospital Classification: General

Mercy Hospital, Inc.
 Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	83,958,408.00	67,329,505.00	5,871,828.00	2,695,356.00	Total Bed Days	125,195
2. Routine	43,808,675.00		4,015,632.00		Total Inpatient Days	72,132
3. Special Care	14,708,642.00		0.00		Total Newborn Days	4,531
4. Newborn Routine	2,081,844.00		568,364.00		Medicaid Inpatient Days	6,202
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	440
6. Home Health					Medicare Inpatient Days	28,176
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.1405176968
8. Adjustments	(2,101,117.92)	(978,622.08)	(151,973.50)	(39,176.51)	Medicaid Paid Claims	15,075
9. Total Cost	142,456,451.08	66,350,882.92	10,303,850.50	2,656,179.49	Property Rate Allowance	0.80
10. Charges	683,195,729.00	408,257,411.00	50,073,323.00	15,318,285.00	First Rate Semester in Effect	2012/07
11. Fixed Costs		17,307,928.00		1,268,546.38	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,287.86	166.81	County Ceiling Base	1,051.21	230.71	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	964.74	179.47	Cost Report DRI Index	1.8930
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,656,179.49
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,656,179.49
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,029,419.72
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,075
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		200.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		185.79
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		185.79
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		185.79
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		185.79
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,318,285.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,016.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,158.92
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		185.79
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(50.15)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		135.65



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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100463 - 2015/07
Outpatient Rate: 118.97

Type of Control: Nonprofit (Other)

Mount Sinai Medical Center

County: Dade (13)

Fiscal Year: 1/1/2013 - 12/31/2013

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: Specialized/Statutory Teaching

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	131,695,889.00	89,720,239.00	9,469,534.00	5,832,567.00	Total Bed Days	215,456
2. Routine	78,228,808.00		5,224,113.00		Total Inpatient Days	137,099
3. Special Care	21,824,012.00		1,770,317.00		Total Newborn Days	5,539
4. Newborn Routine	6,359,830.00		4,932,624.00		Medicaid Inpatient Days	10,107
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	2,761
6. Home Health					Medicare Inpatient Days	56,290
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	39,056
9. Total Cost	238,108,539.00	89,720,239.00	21,396,588.00	5,832,567.00	Property Rate Allowance	0.80
10. Charges	1,315,456,782.00	774,825,578.00	101,503,606.00	43,192,380.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		27,009,809.00		2,084,137.65	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,306.30	129.98	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,832,567.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,832,567.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		6,115,838.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		39,056
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		156.59
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		156.59
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		156.59
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		156.59
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		43,192,380.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,105.91
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,159.62
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		156.59
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(41.15)
AV	Exemption Tier Adj (IP%: 70.7683 %, OP%: 70.7683 %)		0.00
AW	Buy Back of Medicaid Trend Adjustment		3.53
AX			
AY	Final Prospective Rates		118.97



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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100471 - 2015/07
Outpatient Rate: 176.37

Type of Control: Nonprofit (Other)

University of Miami Hospital and Clinics

County: Dade (13)

Fiscal Year: 6/1/2013 - 5/31/2014

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: Statutory Teaching Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	30,054,860.00	264,352,108.00	3,720,535.00	18,985,643.00	Total Bed Days	14,600
2. Routine	9,614,824.00		965,979.00		Total Inpatient Days	10,953
3. Special Care	10,656,423.00		1,945,771.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,522
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,777
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	(480,481.75)	(2,523,866.25)	(63,320.85)	(181,262.88)	Medicaid Paid Claims	70,187
9. Total Cost	49,845,625.25	261,828,241.75	6,568,964.15	18,804,380.12	Property Rate Allowance	0.80
10. Charges	198,970,984.00	1,448,468,206.00	24,479,781.00	95,421,644.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		20,460,752.00		2,517,325.48	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,296.96	231.17	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	18,804,380.12
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		18,804,380.12
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		19,546,777.41
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		70,187
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		278.50
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		278.50
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		278.50
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		278.50
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		95,421,644.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,359.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,413.21
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		278.50
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(75.17)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(26.96)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		176.37



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, 2015 through June 30, 2016

100498 - 2015/07
Outpatient Rate: 59.78

Type of Control: Proprietary
 Fiscal Year: 6/1/2013 - 5/31/2014
 Hospital Classification: Special

Northshore Medical Center

Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	81,707,754.00	63,163,846.00	15,004,712.00	6,099,354.00	Total Bed Days	281,415
2. Routine	64,053,721.00		12,070,279.00		Total Inpatient Days	120,920
3. Special Care	34,269,607.00		7,754,647.00		Total Newborn Days	4,746
4. Newborn Routine	1,631,316.00		1,091,655.00		Medicaid Inpatient Days	26,516
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	3,003
6. Home Health					Medicare Inpatient Days	39,267
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	68,091
9. Total Cost	181,662,398.00	63,163,846.00	35,921,293.00	6,099,354.00	Property Rate Allowance	0.80
10. Charges	1,348,335,223.00	692,294,400.00	225,659,421.00	73,496,798.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		16,617,074.00		2,781,058.62	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	968.70	77.29	County Ceiling Base	Exempt	230.71	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	6,099,354.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,099,354.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		6,340,156.61
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		68,091
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		93.11
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		93.11
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		93.11
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		93.11
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		73,496,798.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,079.39
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,122.01
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		93.11
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(25.13)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(8.20)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		59.78



Florida Agency for Health Care Administration
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100536 - 2015/07
Outpatient Rate: 39.38

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Palm Springs General Hospital

Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,106,570.00	14,353,228.00	842,746.00	1,030,933.00	Total Bed Days	90,155
2. Routine	17,468,889.00		1,048,340.00		Total Inpatient Days	26,775
3. Special Care	4,076,555.00		197,297.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,871
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,057
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(112,965.19)	(48,181.81)	(7,010.41)	(3,460.70)	Medicaid Paid Claims	12,370
9. Total Cost	33,539,048.81	14,305,046.19	2,081,372.59	1,027,472.30	Property Rate Allowance	0.80
10. Charges	126,975,268.00	112,343,500.00	9,487,254.00	6,057,834.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		2,246,416.00		167,846.22	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	890.18	72.30	County Ceiling Base	1,051.21	230.71	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	765.55	52.10	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,027,472.30
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,027,472.30
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,077,373.82
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,370
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		87.10
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		53.94
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		53.94
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		53.94
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		53.94
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		6,057,834.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		489.72
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		513.50
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		53.94
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(14.56)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		39.38



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100544 - 2015/07
Outpatient Rate: 66.44

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 4/29/2014
 Hospital Classification: General

Metropolitan Hospital Miami
 Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,200,549.00	4,536,208.00	410,125.00	266,348.00	Total Bed Days	17,374
2. Routine	2,679,360.00		308,713.00		Total Inpatient Days	5,727
3. Special Care	917,623.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	589
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,815
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0455205811
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	3,060
9. Total Cost	7,797,532.00	4,536,208.00	718,838.00	266,348.00	Property Rate Allowance	0.80
10. Charges	40,093,318.00	29,065,487.00	4,455,881.00	1,849,569.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		1,295,463.00		143,974.84	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	847.04	75.54	County Ceiling Base	1,051.21	230.71	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	923.31	91.59	Cost Report DRI Index	2.0650
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	266,348.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		266,348.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		278,472.32
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,060
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		91.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		94.82
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		91.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		91.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		91.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		1,849,569.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		604.43
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		631.95
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		91.00
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(24.56)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		66.44



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100587 - 2015/07
Outpatient Rate: 109.50

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

South Miami Hospital
 Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	134,587,726.00	178,137,494.00	20,254,301.00	7,471,372.00	Total Bed Days	164,980
2. Routine	75,308,036.00		8,342,515.00		Total Inpatient Days	81,235
3. Special Care	43,513,913.00		10,907,937.00		Total Newborn Days	9,851
4. Newborn Routine	6,719,175.00		2,323,164.00		Medicaid Inpatient Days	15,320
5. Intern-Resident	2,987,992.00		315,438.00		Medicaid Newborn IP Days	3,137
6. Home Health					Medicare Inpatient Days	15,647
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(3,792,240.59)	(2,567,453.41)	(607,402.17)	(107,683.11)	Medicaid Paid Claims	24,660
9. Total Cost	259,324,601.41	175,570,040.59	41,535,952.83	7,363,688.89	Property Rate Allowance	0.80
10. Charges	1,017,265,336.00	772,380,860.00	154,733,769.00	29,494,227.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		34,811,601.00		5,295,108.40	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,682.09	255.81	County Ceiling Base	1,051.21	230.71	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,044.23	144.87	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	7,363,688.89
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		7,363,688.89
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		7,599,524.05
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		24,660
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		308.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		149.97
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		149.97
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		149.97
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		149.97
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		29,494,227.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,196.04
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,234.34
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		149.97
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(40.48)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		109.50



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100609 - 2015/07
Outpatient Rate: 224.24

Type of Control: Nonprofit (Other)

Nicklaus Children's Hospital

County: Dade (13)

Fiscal Year: 1/1/2013 - 12/31/2013

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: Specialized: Children's

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	101,923,154.00	127,278,909.00	46,698,547.00	55,935,304.00	Total Bed Days	105,485
2. Routine	57,156,517.00		25,447,901.00		Total Inpatient Days	63,140
3. Special Care	63,099,357.00		30,195,283.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	30,523
5. Intern-Resident	514,978.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	171
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(3,921,449.26)	(2,241,271.74)	(1,802,149.56)	(984,972.43)	Medicaid Paid Claims	247,413
9. Total Cost	218,772,556.74	125,037,637.26	100,539,581.44	54,950,331.57	Property Rate Allowance	0.80
10. Charges	952,130,480.00	767,237,966.00	462,630,060.00	230,575,385.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		38,187,778.00		18,555,034.63	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,337.88	193.31	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	54,950,331.57
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		54,950,331.57
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		57,619,118.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		247,413
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		232.89
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		232.89
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		232.89
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	232.89	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	230,575,385.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	931.95	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	977.21	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	232.89	
AU	Medicaid Trend Adjustment (IP%: 10.3891 %, OP%: 6.5029 %)	(15.14)	
AV	Exemption Tier Adj (IP%: 88.7683 %, OP%: 88.7683 %)	(6.58)	
AW	Buy Back of Medicaid Trend Adjustment	13.08	
AX			
AY	Final Prospective Rates		224.24



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100625 - 2015/07
Outpatient Rate: 97.93

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: CHEP

Westchester General Hospital

Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	17,720,099.00	7,421,605.00	1,987,986.00	677,560.00	Total Bed Days	71,905
2. Routine	27,598,056.00		2,512,321.00		Total Inpatient Days	50,544
3. Special Care	2,190,771.00		209,848.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	5,253
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	23,264
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(652,160.74)	(101,877.26)	(64,656.86)	(9,300.95)	Medicaid Paid Claims	5,224
9. Total Cost	46,856,765.26	7,319,727.74	4,645,498.14	668,259.05	Property Rate Allowance	0.80
10. Charges	146,378,703.00	26,549,590.00	16,470,268.00	2,838,234.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	3,051,492.00		343,348.38		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	712.85		111.34	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	668,259.05
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		668,259.05
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		700,714.57
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,224
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		134.13
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		134.13
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		134.13
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		134.13
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		2,838,234.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		543.31
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		569.69
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		134.13
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(36.20)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		97.93



Florida Agency for Health Care Administration
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100641 - 2015/07
Outpatient Rate: 82.68

Type of Control: Nonprofit (Church)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Special

Baptist Medical Center Jacksonville

Type of Action: Unaudited Cost Report

County: Duval (16)
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	252,293,100.00	229,673,302.00	25,534,904.00	18,359,684.00	Total Bed Days	299,665
2. Routine	152,888,066.00		14,733,185.00		Total Inpatient Days	203,342
3. Special Care	42,579,724.00		5,498,410.00		Total Newborn Days	28,430
4. Newborn Routine	26,911,761.00		9,485,369.00		Medicaid Inpatient Days	22,689
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	7,268
6. Home Health					Medicare Inpatient Days	66,630
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(6,442,130.34)	(3,117,064.66)	(749,863.58)	(249,172.72)	Medicaid Paid Claims	165,038
9. Total Cost	468,230,520.66	226,556,237.34	54,502,004.42	18,110,511.28	Property Rate Allowance	0.80
10. Charges	1,973,544,897.00	1,461,634,419.00	235,850,138.00	110,925,560.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		57,933,493.00		6,923,390.67	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,653.98	114.28	County Ceiling Base	919.17	190.73	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	883.65	117.82	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,639.10	202.40	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	18,110,511.28
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		18,110,511.28
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		18,690,532.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		165,038
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		113.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		121.97
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		113.25
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9910) for Duval (16)		202.40
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.45
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.45
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		113.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		113.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		110,925,560.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		672.12
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		693.65
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		113.25
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(30.57)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		82.68



Florida Agency for Health Care Administration
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100676 - 2015/07
Outpatient Rate: 148.86

UF Health Jacksonville

Type of Control: Nonprofit (Other)
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Duval (16)
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	140,939,317.00	164,484,283.00	34,022,292.00	30,084,614.00	Total Bed Days	182,809
2. Routine	85,535,121.00		23,300,669.00		Total Inpatient Days	130,582
3. Special Care	43,490,467.00		8,213,178.00		Total Newborn Days	17,087
4. Newborn Routine	15,237,788.00		11,282,274.00		Medicaid Inpatient Days	35,376
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	8,468
6. Home Health					Medicare Inpatient Days	35,893
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	154,207
9. Total Cost	285,202,693.00	164,484,283.00	76,818,413.00	30,084,614.00	Property Rate Allowance	0.80
10. Charges	1,231,695,043.00	898,895,961.00	305,949,892.00	171,567,272.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		33,691,801.00		8,368,957.02	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,634.43		204.24	County Ceiling Base	32,767.00	190.73
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,227.74	137.33	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,639.10	202.40	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs

		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	30,084,614.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		30,084,614.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		31,212,244.89
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		154,207
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		202.40
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		202.40
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9910) for Duval (16)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		202.40
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		202.40
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		171,567,272.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,112.58
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,154.28
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		202.40
AU	Medicaid Trend Adjustment (IP%: 27.2260 %, OP%: 26.2788 %)		(53.19)
AV	Exemption Tier Adj (IP%: 70.7683 %, OP%: 70.7683 %)		(12.31)
AW	Buy Back of Medicaid Trend Adjustment		11.96
AX			
AY	Final Prospective Rates		148.86



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100722 - 2015/07
Outpatient Rate: 117.03

Type of Control: Nonprofit (Other)

Mayo Clinic

County: Duval (16)

Fiscal Year: 1/1/2013 - 12/31/2013

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: Specialized: Statutory Teaching

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	132,121,071.00	89,071,515.00	1,296,657.00	471,281.00	Total Bed Days	81,610
2. Routine	72,005,934.00		651,551.00		Total Inpatient Days	62,266
3. Special Care	71,548,793.00		354,298.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	618
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	29,337
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(4,753,545.11)	(1,535,881.89)	(39,702.67)	(8,126.41)	Medicaid Paid Claims	2,999
9. Total Cost	270,922,252.89	87,535,633.11	2,262,803.33	463,154.59	Property Rate Allowance	0.80
10. Charges	679,468,972.00	404,093,303.00	6,963,072.00	1,988,527.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		17,318,470.00		177,476.47	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	3,570.33	163.41	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,639.10	202.40	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	463,154.59
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		463,154.59
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		485,648.74
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,999
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		161.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		161.94
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9910) for Duval (16)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		161.94
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		161.94
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		1,988,527.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		663.06
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		695.27
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		161.94
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(42.56)
AV	Exemption Tier Adj (IP%: 70.7683 %, OP%: 70.7683 %)		(5.59)
AW	Buy Back of Medicaid Trend Adjustment		3.24
AX			
AY	Final Prospective Rates		117.03



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100731 - 2015/07
Outpatient Rate: 77.37

Type of Control: Nonprofit (Church)
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: CHEP

St. Vincent's Medical Center Riverside

Type of Action: Unaudited Cost Report

County: Duval (16)
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	135,543,813.00	132,319,753.00	6,345,242.00	3,632,695.00	Total Bed Days	189,628
2. Routine	89,812,311.00		5,695,020.00		Total Inpatient Days	120,131
3. Special Care	19,041,825.00		2,159,263.00		Total Newborn Days	3,553
4. Newborn Routine	1,451,947.00		616,244.00		Medicaid Inpatient Days	9,553
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	76
6. Home Health					Medicare Inpatient Days	50,428
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(3,281,788.08)	(1,766,302.92)	(197,771.95)	(48,491.93)	Medicaid Paid Claims	31,541
9. Total Cost	242,568,107.92	130,553,450.08	14,617,997.05	3,584,203.07	Property Rate Allowance	0.80
10. Charges	1,150,516,274.00	951,679,877.00	54,357,390.00	27,948,642.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		22,337,838.00		1,055,375.40	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,474.58	118.97	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,639.10	202.40	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,584,203.07
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,584,203.07
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,718,546.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		31,541
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		117.90
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		117.90
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9910) for Duval (16)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		117.90
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		117.90
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		27,948,642.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		886.11
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		919.32
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		117.90
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(31.82)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(8.71)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		77.37



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100749 - 2015/07
Outpatient Rate: 91.24

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Special

Baptist Hospital Inc
 Type of Action: Unaudited Cost Report

County: Escambia (17)
 District: 1

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	95,519,580.00	123,666,485.00	7,433,565.00	6,172,167.00	Total Bed Days	148,920
2. Routine	58,637,554.00		7,528,180.00		Total Inpatient Days	98,259
3. Special Care	16,522,425.00		950,038.00		Total Newborn Days	2,351
4. Newborn Routine	1,163,106.00		524,414.00		Medicaid Inpatient Days	12,940
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	234
6. Home Health					Medicare Inpatient Days	40,211
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	52,185
9. Total Cost	171,842,665.00	123,666,485.00	16,436,197.00	6,172,167.00	Property Rate Allowance	0.80
10. Charges	905,719,204.00	1,026,581,370.00	69,577,330.00	58,234,232.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		27,076,176.00		2,079,991.26	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,195.66	129.77	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,555.74	192.11	FPLI	0.9406

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	6,172,167.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,172,167.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		6,369,841.56
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		52,185
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		122.06
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		122.06
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9406) for Escambia (17)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		122.06
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	122.06	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	58,234,232.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,115.92	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,151.66	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	122.06	
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)	(32.08)	
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)	(4.30)	
AW	Buy Back of Medicaid Trend Adjustment	5.56	
AX			
AY	Final Prospective Rates		91.24



Florida Agency for Health Care Administration
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100765 - 2015/07
Outpatient Rate: 137.47

Type of Control: Nonprofit (Church)
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: CHEP

Sacred Heart Hospital
 Type of Action: Unaudited Cost Report

County: Escambia (17)
 District: 1

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	85,796,936.00	241,504,430.00	18,513,706.00	19,887,707.00	Total Bed Days	170,090
2. Routine	57,257,261.00		9,846,152.00		Total Inpatient Days	91,231
3. Special Care	20,581,729.00		3,537,756.00		Total Newborn Days	24,102
4. Newborn Routine	15,907,821.00		9,147,806.00		Medicaid Inpatient Days	18,383
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	10,022
6. Home Health					Medicare Inpatient Days	30,507
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	105,189
9. Total Cost	179,543,747.00	241,504,430.00	41,045,420.00	19,887,707.00	Property Rate Allowance	0.80
10. Charges	749,051,930.00	879,037,391.00	165,216,401.00	82,827,798.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		36,660,297.00		8,086,064.65	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,279.85	208.54	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,555.74	192.11	FPLI	0.9406

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	19,887,707.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		19,887,707.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		20,633,137.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		105,189
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		196.15
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		196.15
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9406) for Escambia (17)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		196.15
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		196.15
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		82,827,798.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		787.42
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		816.93
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		196.15
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(51.55)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(11.21)
AW	Buy Back of Medicaid Trend Adjustment	4.08	
AX			
AY	Final Prospective Rates		137.47



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100803 - 2015/07
Outpatient Rate: 114.49

Type of Control: Government
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Rural Hospital

George E. Weems Memorial Hospital

Type of Action: Unaudited Cost Report

County: Franklin (19)
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	413,456.00	3,421,352.00	62,946.00	299,811.00	Total Bed Days	9,125
2. Routine	1,594,144.00		94,554.00		Total Inpatient Days	701
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	57
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	400
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(31,584.94)	(53,827.06)	(2,477.90)	(4,716.83)	Medicaid Paid Claims	2,660
9. Total Cost	1,976,015.06	3,367,524.94	155,022.10	295,094.17	Property Rate Allowance	1.00
10. Charges	2,345,069.00	10,858,892.00	190,553.00	606,145.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	251,419.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,464.32		111.12	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,704.10	210.43	FPLI	1.0303

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	295,094.17
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		295,094.17
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		304,545.08
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		2,660
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		114.49
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		114.49
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0303) for Franklin (19)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		114.49
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	114.49	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		606,145.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		227.87
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		235.17
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		114.49
AU	Medicaid Trend Adjustment (IP%: 10.4769 %, OP%: 9.7176 %)		(11.13)
AV	Buy Back of Medicaid Trend Adjustment		11.13
AW			
AX			
AY	Final Prospective Rates		114.49



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100862 - 2015/07
Outpatient Rate: 126.53

Type of Control: Government
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Rural Hospital

Hendry Regional Medical Center
 Type of Action: Unaudited Cost Report

County: Hendry (26)
 District: 8

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,186,821.00	12,332,256.00	216,483.00	1,462,989.00	Total Bed Days	9,125
2. Routine	2,294,056.00		164,132.00		Total Inpatient Days	2,163
3. Special Care	909,806.00		26,295.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	221
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	809
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(38,603.91)	(108,428.09)	(3,577.65)	(12,862.94)	Medicaid Paid Claims	11,827
9. Total Cost	4,352,079.09	12,223,827.91	403,332.35	1,450,126.06	Property Rate Allowance	1.00
10. Charges	6,889,939.00	55,037,133.00	959,860.00	5,431,451.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	2,543,774.00		354,381.50		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	253.96	140.58	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,488.75	183.84	FPLI	0.9001

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,450,126.06
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,450,126.06
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,496,568.91
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,827
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		126.54
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		126.54
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9001) for Hendry (26)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		126.54
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		126.54
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		5,431,451.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		459.24
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		473.95
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		126.54
AU	Medicaid Trend Adjustment (IP%: 14.3869 %, OP%: 8.0635 %)		(10.20)
AV	Buy Back of Medicaid Trend Adjustment		10.20
AW			
AX			
AY	Final Prospective Rates		126.53



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100871 - 2015/07
Outpatient Rate: 45.21

Type of Control: Proprietary
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Special

Bayfront Health Brooksville
 Type of Action: Unaudited Cost Report

County: Hernando (27)
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	31,951,462.00	35,580,339.00	2,780,493.00	2,458,023.00	Total Bed Days	89,060
2. Routine	24,506,541.00		1,848,044.00		Total Inpatient Days	40,354
3. Special Care	10,765,512.00		1,843,894.00		Total Newborn Days	2,391
4. Newborn Routine	517,256.00		284,258.00		Medicaid Inpatient Days	4,591
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	771
6. Home Health					Medicare Inpatient Days	13,296
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(1,327,043.97)	(697,020.03)	(132,363.76)	(48,152.75)	Medicaid Paid Claims	40,166
9. Total Cost	66,413,727.03	34,883,318.97	6,624,325.24	2,409,870.25	Property Rate Allowance	0.80
10. Charges	709,579,895.00	582,694,041.00	55,708,973.00	42,628,673.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	12,156,398.00		954,396.33		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,203.32	68.28	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,500.00	185.23	FPLI	0.9069

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,409,870.25
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,409,870.25
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,487,050.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		40,166
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		61.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		61.92
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9069) for Hernando (27)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		61.92
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		61.92
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		42,628,673.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,061.31
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,095.30
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		61.92
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(16.71)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		45.21



Florida Agency for Health Care Administration
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100897 - 2015/07
Outpatient Rate: 67.35

Type of Control: Proprietary
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

Highlands Regional Medical Center

Type of Action: Unaudited Cost Report

County: Highlands (28)
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,059,448.00	24,179,798.00	2,157,617.00	1,658,816.00	Total Bed Days	45,990
2. Routine	9,406,790.00		860,686.00		Total Inpatient Days	14,409
3. Special Care	4,316,083.00		192,784.00		Total Newborn Days	804
4. Newborn Routine	560,316.00		331,032.00		Medicaid Inpatient Days	1,254
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	13
6. Home Health					Medicare Inpatient Days	7,701
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(389,966.72)	(310,761.28)	(45,523.68)	(21,319.28)	Medicaid Paid Claims	15,193
9. Total Cost	29,952,670.28	23,869,036.72	3,496,595.32	1,637,496.72	Property Rate Allowance	0.80
10. Charges	167,010,088.00	215,462,946.00	14,413,523.00	16,425,697.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		8,121,034.00		700,872.10	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,525.21		123.34	County Ceiling Base	1,552.96	178.16
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	668.59	89.11	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,491.56	184.19	FPLI	0.9018

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,637,496.72
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,637,496.72
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,689,940.45
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,193
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		111.23
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		92.25
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		92.25
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9018) for Highlands (28)		184.19
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		184.44
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		184.19
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		92.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		92.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		16,425,697.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,081.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,115.76
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		92.25
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(24.90)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		67.35



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
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100901 - 2015/07

Outpatient Rate: 76.49

Type of Control: Nonprofit (Other)
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Florida Hospital Heartland Medical Center

Type of Action: Unaudited Cost Report

County: Highlands (28)
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,461,634.00	49,818,160.00	3,740,106.00	3,106,658.00	Total Bed Days	71,905
2. Routine	28,076,951.00		2,367,257.00		Total Inpatient Days	47,826
3. Special Care	8,115,158.00		577,358.00		Total Newborn Days	1,390
4. Newborn Routine	512,535.00		355,087.00		Medicaid Inpatient Days	4,298
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	11
6. Home Health					Medicare Inpatient Days	29,380
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(1,133,686.63)	(731,902.37)	(103,425.18)	(45,641.40)	Medicaid Paid Claims	30,638
9. Total Cost	76,032,591.37	49,086,257.63	6,936,382.82	3,061,016.60	Property Rate Allowance	0.80
10. Charges	421,287,614.00	331,083,612.00	31,449,921.00	23,261,247.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		9,766,095.00		729,057.55	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,675.00	116.17	County Ceiling Base	921.14	176.43	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	865.05	116.34	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,491.56	184.19	FPLI	0.9018

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,061,016.60
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,061,016.60
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,209,681.81
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		30,638
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		104.76
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		120.44
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		104.76
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9018) for Highlands (28)		184.19
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		182.65
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		182.65
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		104.76
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		104.76
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		23,261,247.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		759.23
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		796.10
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		104.76
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(28.28)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		76.49



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100943 - 2015/07
Outpatient Rate: 83.04

Type of Control: Nonprofit (Church)
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Florida Hospital Carrollwood

Type of Action: Unaudited Cost Report

County: Hillsborough (29)
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	34,853,260.00	40,030,633.00	921,560.00	2,137,771.00	Total Bed Days	38,325
2. Routine	16,808,411.00		733,991.00		Total Inpatient Days	16,555
3. Special Care	2,537,866.00		137,828.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	815
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,578
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(830,344.27)	(613,274.73)	(27,474.81)	(32,750.94)	Medicaid Paid Claims	18,301
9. Total Cost	53,369,192.73	39,417,358.27	1,765,904.19	2,105,020.06	Property Rate Allowance	0.80
10. Charges	280,778,396.00	248,077,630.00	8,203,460.00	18,247,363.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		10,457,763.00		305,542.88	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,009.71	129.01	County Ceiling Base	972.81	184.70	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,209.48	109.87	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,546.31	190.95	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,105,020.06
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,105,020.06
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,207,255.13
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,301
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		120.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		113.74
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		113.74
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9349) for Hillsborough (29)		190.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		191.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		190.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		113.74
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		113.74
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		18,247,363.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		997.07
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,045.49
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		113.74
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(30.70)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		83.04



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100978 - 2015/07
Outpatient Rate: 127.73

Type of Control: Nonprofit (Other)
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: Special

St. Josephs Hospital
 Type of Action: Unaudited Cost Report

County: Hillsborough (29)
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	218,168,455.00	186,841,461.00	60,849,993.00	18,642,546.00	Total Bed Days	359,890
2. Routine	133,515,894.00		29,375,963.00		Total Inpatient Days	212,774
3. Special Care	70,272,656.00		23,878,586.00		Total Newborn Days	15,420
4. Newborn Routine	6,997,166.00		2,049,679.00		Medicaid Inpatient Days	59,734
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	84
6. Home Health					Medicare Inpatient Days	48,839
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(7,069,458.69)	(3,079,275.31)	(1,914,301.16)	(307,241.93)	Medicaid Paid Claims	112,519
9. Total Cost	421,884,712.31	183,762,185.69	114,239,919.84	18,335,304.07	Property Rate Allowance	0.80
10. Charges	1,829,291,920.00	1,152,987,033.00	438,138,812.00	109,419,076.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		57,523,044.00		13,777,504.77	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,883.66	182.77	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,546.31	190.95	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	18,335,304.07
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		18,335,304.07
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		19,225,799.65
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		112,519
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		170.87
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		170.87
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9349) for Hillsborough (29)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		170.87
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	170.87	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	109,419,076.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	972.45	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,019.68	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	170.87	
AU	Medicaid Trend Adjustment (IP%: 29.0729 %, OP%: 26.2788 %)	(44.90)	
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)	(1.03)	
AW	Buy Back of Medicaid Trend Adjustment	2.80	
AX			
AY	Final Prospective Rates		127.73



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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100986 - 2015/07
Outpatient Rate: 81.32

Type of Control: Nonprofit (Other)
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: Special

South Florida Baptist
 Type of Action: Unaudited Cost Report

County: Hillsborough (29)
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	22,884,343.00	30,866,843.00	5,723,965.00	2,639,426.00	Total Bed Days	53,655
2. Routine	17,566,016.00		2,677,203.00		Total Inpatient Days	22,596
3. Special Care	5,057,429.00		240,358.00		Total Newborn Days	977
4. Newborn Routine	752,996.00		443,935.00		Medicaid Inpatient Days	3,871
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	15
6. Home Health					Medicare Inpatient Days	7,254
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(666,788.18)	(444,904.82)	(130,954.94)	(38,043.84)	Medicaid Paid Claims	22,553
9. Total Cost	45,593,995.82	30,421,938.18	8,954,506.06	2,601,382.16	Property Rate Allowance	0.80
10. Charges	216,894,877.00	217,245,859.00	38,330,876.00	18,863,645.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		5,371,967.00		949,364.06	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,310.45	129.37	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,546.31	190.95	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,601,382.16
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,601,382.16
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,727,724.17
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,553
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		120.95
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		120.95
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9349) for Hillsborough (29)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		120.95
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	120.95	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	18,863,645.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	836.41	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	877.04	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	120.95	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)	(32.64)	
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)	(6.99)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		81.32



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100994 - 2015/07
Outpatient Rate: 147.24

Tampa General Hospital

Type of Control: Nonprofit (Other)

County: Hillsborough (29)

Fiscal Year: 10/1/2013 - 9/30/2014

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	339,378,185.00	199,183,826.00	39,518,488.00	15,151,518.00	Total Bed Days	355,510
2. Routine	180,234,127.00		22,106,310.00		Total Inpatient Days	246,350
3. Special Care	116,340,598.00		7,530,324.00		Total Newborn Days	28,447
4. Newborn Routine	30,052,212.00		16,465,585.00		Medicaid Inpatient Days	32,561
5. Intern-Resident	535,332.00		0.00		Medicaid Newborn IP Days	9,413
6. Home Health					Medicare Inpatient Days	78,131
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(9,650,877.85)	(2,883,994.16)	(1,239,707.18)	(219,379.71)	Medicaid Paid Claims	75,875
9. Total Cost	656,889,576.16	196,299,831.85	84,380,999.82	14,932,138.29	Property Rate Allowance	0.80
10. Charges	3,684,380,540.00	1,606,107,952.00	421,031,559.00	97,620,134.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	51,293,427.00		5,861,542.07		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,065.01		217.24	County Ceiling Base	32,767.00	184.70
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,157.54	186.71	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,546.31	190.95	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs

		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	14,932,138.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	14,932,138.29
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		15,410,366.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		75,875
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		203.10
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		203.10
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9349) for Hillsborough (29)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		203.10
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		203.10
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		97,620,134.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,286.59
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,327.80
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		203.10
AU	Medicaid Trend Adjustment (IP%: 27.2260 %, OP%: 26.2788 %)		(53.37)
AV	Exemption Tier Adj (IP%: 70.7683 %, OP%: 70.7683 %)		(2.49)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		147.24



Florida Agency for Health Care Administration
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101028 - 2015/07
Outpatient Rate: 71.74

Type of Control: Nonprofit (Church)
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Florida Hospital Tampa

Type of Action: Unaudited Cost Report

County: Hillsborough (29)
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	108,038,719.00	83,724,781.00	7,141,799.00	4,156,741.00	Total Bed Days	173,375
2. Routine	76,416,290.00		4,864,232.00		Total Inpatient Days	104,451
3. Special Care	23,638,937.00		3,460,133.00		Total Newborn Days	3,090
4. Newborn Routine	1,824,465.00		353,674.00		Medicaid Inpatient Days	8,605
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	4
6. Home Health					Medicare Inpatient Days	35,983
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(3,449,097.00)	(1,375,653.00)	(259,930.30)	(68,297.98)	Medicaid Paid Claims	34,045
9. Total Cost	206,469,314.00	82,349,128.00	15,559,907.70	4,088,443.02	Property Rate Allowance	0.80
10. Charges	1,050,557,134.00	661,060,525.00	67,887,785.00	36,238,813.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		34,508,703.00		2,229,978.11	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,736.63	134.69	County Ceiling Base	961.44	183.42	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	989.23	94.92	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,546.31	190.95	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,088,443.02
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,088,443.02
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		4,287,007.52
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		34,045
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		125.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		98.26
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		98.26
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9349) for Hillsborough (29)		190.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		189.88
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		189.88
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		98.26
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		98.26
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		36,238,813.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,064.44
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,116.14
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		98.26
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(26.52)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		71.74



Florida Agency for Health Care Administration
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101036 - 2015/07
Outpatient Rate: 149.60

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Rural Hospital

Doctors Memorial Hospital
 Type of Action: Unaudited Cost Report

County: Holmes (30)
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,435,781.00	6,821,853.00	201,071.00	884,696.00	Total Bed Days	7,300
2. Routine	1,928,590.00		198,786.00		Total Inpatient Days	1,852
3. Special Care	298,827.00		28,872.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	228
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,141
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	6,103
9. Total Cost	3,663,198.00	6,821,853.00	428,729.00	884,696.00	Property Rate Allowance	1.00
10. Charges	5,439,672.00	17,816,083.00	720,113.00	1,860,329.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		2,048,177.00		271,141.14	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	847.26	177.70	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,392.49	171.95	FPLI	0.8419

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	884,696.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		884,696.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		913,029.95
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,103
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		149.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		149.60
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8419) for Holmes (30)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		149.60
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		149.60
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		1,860,329.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		304.82
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		314.58
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		149.60
AU	Medicaid Trend Adjustment (IP%: 14.3869 %, OP%: 8.0635 %)		(12.06)
AV	Buy Back of Medicaid Trend Adjustment		12.06
AW			
AX			
AY	Final Prospective Rates		149.60



Florida Agency for Health Care Administration
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101044 - 2015/07
Outpatient Rate: 93.77

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

Indian River Medical Center
 Type of Action: Unaudited Cost Report

County: Indian River (31)
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	48,088,794.00	61,914,689.00	4,636,327.00	3,827,095.00	Total Bed Days	123,735
2. Routine	43,123,274.00		3,928,961.00		Total Inpatient Days	59,577
3. Special Care	8,750,662.00		766,929.00		Total Newborn Days	2,044
4. Newborn Routine	1,170,524.00		714,107.00		Medicaid Inpatient Days	6,029
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	56
6. Home Health					Medicare Inpatient Days	32,233
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(1,295,416.41)	(793,065.59)	(128,683.42)	(49,021.28)	Medicaid Paid Claims	27,566
9. Total Cost	99,837,837.59	61,121,623.41	9,917,640.58	3,778,073.72	Property Rate Allowance	0.80
10. Charges	294,220,214.00	254,237,424.00	20,688,135.00	13,396,188.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		14,874,692.00		1,045,916.02	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,585.86	149.08	County Ceiling Base	955.46	172.10	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,030.33	124.07	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,569.30	193.79	FPLI	0.9488

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,778,073.72
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,778,073.72
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,899,073.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		27,566
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		141.45
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		128.44
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		128.44
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9488) for Indian River (31)		193.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		178.16
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		178.16
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		128.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		128.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		13,396,188.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		485.97
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		501.53
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		128.44
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(34.67)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		93.77



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 For Rate Semester July 01, 2015 through June 30, 2016

101061 - 2015/07
Outpatient Rate: 89.15

Type of Control: Government
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Rural

Jackson Hospital
 Type of Action: Unaudited Cost Report

County: Jackson (32)
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,889,021.00	18,877,166.00	945,925.00	1,610,512.00	Total Bed Days	25,915
2. Routine	8,238,199.00		989,453.00		Total Inpatient Days	12,941
3. Special Care	1,799,472.00		671,700.00		Total Newborn Days	1,051
4. Newborn Routine	528,738.00		324,487.00		Medicaid Inpatient Days	2,136
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	15
6. Home Health					Medicare Inpatient Days	6,946
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	18,643
9. Total Cost	17,455,430.00	18,877,166.00	2,931,565.00	1,610,512.00	Property Rate Allowance	1.00
10. Charges	37,469,360.00	84,731,238.00	4,402,899.00	6,496,025.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	3,297,510.00		387,479.36		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,427.30	104.25	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,414.49	174.67	FPLI	0.8552

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,610,512.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,610,512.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,662,091.50
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,643
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		89.15
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		89.15
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8552) for Jackson (32)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		89.15
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		89.15
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		6,496,025.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		348.44
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		359.60
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		89.15
AU	Medicaid Trend Adjustment (IP%: 10.4769 %, OP%: 8.0635 %)		(7.19)
AV	Buy Back of Medicaid Trend Adjustment		7.19
AW			
AX			
AY	Final Prospective Rates		89.15



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, 2015 through June 30, 2016

101079 - 2015/07
Outpatient Rate: 80.01

Type of Control: Nonprofit (Other)
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: General

Leesburg Regional Medical Center

Type of Action: Unaudited Cost Report

County: Lake (35)
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	68,064,699.00	49,896,977.00	5,075,115.00	2,947,619.00	Total Bed Days	115,340
2. Routine	44,675,516.00		2,833,408.00		Total Inpatient Days	72,862
3. Special Care	12,223,809.00		993,929.00		Total Newborn Days	4,424
4. Newborn Routine	983,197.00		672,943.00		Medicaid Inpatient Days	5,569
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	851
6. Home Health					Medicare Inpatient Days	39,702
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(2,125,539.25)	(842,082.75)	(161,598.47)	(49,745.28)	Medicaid Paid Claims	27,436
9. Total Cost	123,821,681.75	49,054,894.25	9,413,796.53	2,897,873.72	Property Rate Allowance	0.80
10. Charges	520,215,277.00	311,737,041.00	31,977,840.00	17,897,975.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	10,878,935.00		668,732.46		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,524.83		118.24	County Ceiling Base	939.03	180.94
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	895.09	109.01	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,532.91	189.29	FPLI	0.9268

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,897,873.72
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,897,873.72
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,006,491.76
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		27,436
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		109.58
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		112.85
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		109.58
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9268) for Lake (35)		189.29
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		187.32
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		187.32
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		109.58
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		109.58
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		17,897,975.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		652.35
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		676.81
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		109.58
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(29.58)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		80.01



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, 2015 through June 30, 2016

101087 - 2015/07
Outpatient Rate: 78.21

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

South Lake Memorial Hospital

Type of Action: Unaudited Cost Report

County: Lake (35)
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	35,006,111.00	45,028,738.00	3,576,784.00	2,769,939.00	Total Bed Days	44,530
2. Routine	25,921,547.00		1,408,287.00		Total Inpatient Days	33,924
3. Special Care	5,802,578.00		386,938.00		Total Newborn Days	1,168
4. Newborn Routine	262,218.00		108,883.00		Medicaid Inpatient Days	2,249
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	32
6. Home Health					Medicare Inpatient Days	13,660
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	20,622
9. Total Cost	66,992,454.00	45,028,738.00	5,480,892.00	2,769,939.00	Property Rate Allowance	0.80
10. Charges	368,897,737.00	367,685,633.00	22,150,955.00	18,945,754.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		14,776,407.00		887,269.00	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,242.51	149.57	County Ceiling Base	950.13	183.10	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,852.30	103.48	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,532.91	189.29	FPLI	0.9268

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,769,939.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,769,939.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,858,651.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		20,622
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		138.62
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		107.13
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		107.13
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9268) for Lake (35)		189.29
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		189.55
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		189.29
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		107.13
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		107.13
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		18,945,754.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		918.72
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		948.14
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		107.13
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(28.91)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		78.21



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, 2015 through June 30, 2016

101095 - 2015/07
Outpatient Rate: 75.25

Type of Control: Nonprofit (Church)
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Florida Hospital Waterman

Type of Action: Unaudited Cost Report

County: Lake (35)
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	50,560,831.00	60,356,657.00	4,254,617.00	3,329,006.00	Total Bed Days	98,185
2. Routine	37,492,746.00		2,657,736.00		Total Inpatient Days	55,574
3. Special Care	8,927,070.00		961,133.00		Total Newborn Days	1,526
4. Newborn Routine	709,538.00		646,773.00		Medicaid Inpatient Days	4,558
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	10
6. Home Health					Medicare Inpatient Days	30,130
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(1,508,802.98)	(932,195.02)	(131,593.49)	(51,415.75)	Medicaid Paid Claims	33,345
9. Total Cost	96,181,382.02	59,424,461.98	8,388,665.51	3,277,590.25	Property Rate Allowance	0.80
10. Charges	441,199,306.00	433,692,392.00	31,760,919.00	30,328,585.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	14,860,032.00		1,069,739.38		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,812.72	111.21	County Ceiling Base	950.13	183.10	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	821.90	111.80	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,532.91	189.29	FPLI	0.9268

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,277,590.25
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,277,590.25
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,436,773.85
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		33,345
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		103.07
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		115.74
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		103.07
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9268) for Lake (35)		189.29
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		189.55
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		189.29
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		103.07
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		103.07
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		30,328,585.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		909.54
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		953.71
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		103.07
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(27.82)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		75.25



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, 2015 through June 30, 2016

101109 - 2015/07
Outpatient Rate: 101.45

Type of Control: Government
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Special

Lee Memorial Hospital
 Type of Action: Unaudited Cost Report

County: Lee (36)
 District: 8

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	192,831,615.00	154,507,567.00	22,646,542.00	11,968,934.00	Total Bed Days	263,895
2. Routine	133,971,568.00		17,967,866.00		Total Inpatient Days	178,252
3. Special Care	46,727,576.00		18,955,447.00		Total Newborn Days	15,205
4. Newborn Routine	11,200,490.00		5,476,844.00		Medicaid Inpatient Days	33,710
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	7,342
6. Home Health					Medicare Inpatient Days	68,573
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(6,217,149.06)	(2,496,798.94)	(1,051,136.41)	(193,414.62)	Medicaid Paid Claims	89,099
9. Total Cost	378,514,099.94	152,010,768.06	63,995,562.59	11,775,519.38	Property Rate Allowance	0.80
10. Charges	1,710,734,179.00	1,078,681,631.00	208,318,414.00	85,425,482.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	35,774,615.00		4,356,323.24		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,581.87	143.91	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,567.64	193.58	FPLI	0.9478

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	11,775,519.38
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		11,775,519.38
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		12,152,651.22
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		89,099
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		136.39
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		136.39
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9478) for Lee (36)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		136.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		136.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		85,425,482.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		958.77
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		989.48
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		136.39
AU	Medicaid Trend Adjustment (IP%: 27.2260 %, OP%: 26.2788 %)		(35.84)
AV	Exemption Tier Adj (IP%: 70.7683 %, OP%: 70.7683 %)		(2.44)
AW	Buy Back of Medicaid Trend Adjustment		3.34
AX			
AY	Final Prospective Rates		101.45



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, 2015 through June 30, 2016

101117 - 2015/07
Outpatient Rate: 35.86

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Lehigh Regional Medical Center

Type of Action: Unaudited Cost Report

County: Lee (36)
 District: 8

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,994,268.00	16,067,793.00	1,383,087.00	2,239,306.00	Total Bed Days	32,120
2. Routine	8,554,696.00		752,933.00		Total Inpatient Days	12,853
3. Special Care	2,734,584.00		354,014.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,314
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,262
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(293,498.42)	(221,573.58)	(34,337.37)	(30,879.85)	Medicaid Paid Claims	36,350
9. Total Cost	20,990,049.58	15,846,219.42	2,455,696.63	2,208,426.15	Property Rate Allowance	0.80
10. Charges	164,618,624.00	184,049,302.00	19,585,029.00	32,568,288.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	3,208,828.00		381,761.11		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,746.14	67.21	County Ceiling Base	1,016.73	187.25	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	935.55	47.44	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,567.64	193.58	FPLI	0.9478

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,208,426.15
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,208,426.15
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,315,683.37
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		36,350
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		63.71
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		49.11
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		49.11
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9478) for Lee (36)		193.58
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.85
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.58
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		49.11
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		49.11
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		32,568,288.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		895.96
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		939.48
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		49.11
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(13.26)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		35.86



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101133 - 2015/07
Outpatient Rate: 121.72

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: CHEP

Tallahassee Memorial Regional M.C.

Type of Action: Unaudited Cost Report

County: Leon (37)
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	127,411,208.00	224,892,337.00	12,315,008.00	6,325,573.00	Total Bed Days	178,850
2. Routine	82,968,497.00		8,627,615.00		Total Inpatient Days	107,075
3. Special Care	16,612,557.00		2,503,788.00		Total Newborn Days	17,186
4. Newborn Routine	11,375,084.00		4,742,459.00		Medicaid Inpatient Days	13,214
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	3,986
6. Home Health					Medicare Inpatient Days	28,413
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(2,685,453.94)	(2,533,644.06)	(317,576.69)	(71,264.10)	Medicaid Paid Claims	38,639
9. Total Cost	235,681,892.06	222,358,692.94	27,871,293.31	6,254,308.90	Property Rate Allowance	0.80
10. Charges	996,322,381.00	947,304,972.00	89,491,849.00	30,537,239.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	36,912,087.00		3,315,524.15		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,534.30		173.96	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,588.32	196.13	FPLI	0.9603

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	6,254,308.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,254,308.90
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		6,454,614.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		38,639
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		167.05
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		167.05
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9603) for Leon (37)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		167.05
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		167.05
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		30,537,239.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		790.32
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		815.63
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		167.05
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(43.90)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(5.25)
AW	Buy Back of Medicaid Trend Adjustment		3.82
AX			
AY	Final Prospective Rates		121.72



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101141 - 2015/07
Outpatient Rate: 44.83

Type of Control: Proprietary
 Fiscal Year: 10/1/2012 - 8/14/2013
 Hospital Classification: Rural Hospital

Regional General Hospital Williston

Type of Action: Unaudited Cost Report

County: Levy (38)
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	503,850.00	1,354,377.00	102,192.00	356,257.00	Total Bed Days	12,720
2. Routine	947,177.00		178,861.00		Total Inpatient Days	1,079
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	203
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	625
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0547142159
8. Adjustments	(508,435.43)	(474,569.57)	(98,480.11)	(124,831.37)	Medicaid Paid Claims	5,444
9. Total Cost	942,591.57	879,807.43	182,572.89	231,425.63	Property Rate Allowance	1.00
10. Charges	5,047,239.00	8,250,083.00	743,767.00	1,937,776.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	149,990.00		22,102.70		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	966.32	51.97	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0470
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,427.06	176.22	FPLI	0.8628

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	231,425.63
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		231,425.63
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		244,087.91
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,444
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		44.84
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		44.84
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8628) for Levy (38)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		44.84
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		44.84
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		1,937,776.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		355.95
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		375.42
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		44.84
AU	Medicaid Trend Adjustment (IP%: 14.3869 %, OP%: 9.7176 %)		(4.36)
AV	Buy Back of Medicaid Trend Adjustment		4.35
AW			
AX			
AY	Final Prospective Rates		44.83



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101150 - 2015/07
Outpatient Rate: 42.07

Type of Control: Government
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Rural Hospital

Madison County Memorial Hospital

Type of Action: Unaudited Cost Report

County: Madison (40)
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,385,693.00	2,828,656.00	21,176.00	140,304.00	Total Bed Days	9,125
2. Routine	958,101.00		17,673.00		Total Inpatient Days	1,488
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	33
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	864
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(41,072.19)	(49,568.81)	(680.78)	(2,458.66)	Medicaid Paid Claims	3,381
9. Total Cost	2,302,721.81	2,779,087.19	38,168.22	137,845.34	Property Rate Allowance	1.00
10. Charges	8,222,530.00	10,303,959.00	105,300.00	520,812.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	424,934.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,495.09	48.30	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,440.78	177.92	FPLI	0.8711

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient	
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	137,845.34	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		137,845.34	
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		142,260.08	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		3,381	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		42.08	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		42.08	
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8711) for Madison (40)		Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		42.08	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		42.08	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			520,812.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			154.04
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)			158.97
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		42.08	
AU	Medicaid Trend Adjustment (IP%: 14.3869 %, OP%: 8.0635 %)		(3.39)	
AV	Buy Back of Medicaid Trend Adjustment		3.39	
AW				
AX				
AY	Final Prospective Rates		42.07	



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101168 - 2015/07
Outpatient Rate: 75.75

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: Special

Manatee Memorial Hospital

Type of Action: Unaudited Cost Report

County: Manatee (41)
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	70,781,780.00	50,167,095.00	8,802,826.00	3,134,178.00	Total Bed Days	116,435
2. Routine	58,439,621.00		7,143,925.00		Total Inpatient Days	77,843
3. Special Care	9,585,837.00		1,268,601.00		Total Newborn Days	5,354
4. Newborn Routine	3,707,715.00		3,366,561.00		Medicaid Inpatient Days	9,602
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	2,145
6. Home Health					Medicare Inpatient Days	29,595
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	31,675
9. Total Cost	142,514,953.00	50,167,095.00	20,581,913.00	3,134,178.00	Property Rate Allowance	0.80
10. Charges	819,986,073.00	462,831,630.00	83,253,808.00	34,314,797.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	19,468,130.00		1,976,614.01		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,710.00	106.83	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,606.35	198.36	FPLI	0.9712

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,134,178.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,134,178.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,286,396.46
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		31,675
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		103.75
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		103.75
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9712) for Manatee (41)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		103.75
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		103.75
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		34,314,797.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,083.34
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,135.95
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		103.75
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(28.00)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		75.75



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101176 - 2015/07
Outpatient Rate: 66.73

Type of Control: Government
 Fiscal Year: 4/1/2014 - 9/30/2014
 Hospital Classification: General

Munroe Regional Medical Center
 Type of Action: Unaudited Cost Report

County: Marion (42)
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	47,968,915.00	43,173,846.00	3,102,102.00	1,811,803.00	Total Bed Days	145,270
2. Routine	31,343,084.00		2,875,265.00		Total Inpatient Days	48,783
3. Special Care	6,687,962.00		0.00		Total Newborn Days	3,532
4. Newborn Routine	1,606,616.00		496,263.00		Medicaid Inpatient Days	2,858
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	707
6. Home Health					Medicare Inpatient Days	21,857
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0295660467
8. Adjustments	(1,234,320.29)	(608,291.71)	(91,209.28)	(25,527.14)	Medicaid Paid Claims	19,129
9. Total Cost	86,372,256.71	42,565,554.29	6,382,420.72	1,786,275.86	Property Rate Allowance	0.80
10. Charges	480,994,192.00	347,402,642.00	30,159,594.00	12,299,956.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		10,199,782.00		639,553.01	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,757.85	101.90	County Ceiling Base	926.30	164.65	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	923.18	88.29	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,560.53	192.70	FPLI	0.9435

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,786,275.86
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,786,275.86
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,839,088.98
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		19,129
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		96.14
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		91.40
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		91.40
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9435) for Marion (42)		192.70
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		170.45
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		170.45
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		91.40
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		91.40
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		12,299,956.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		643.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		662.01
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		91.40
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(24.67)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		66.73



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101184 - 2015/07

Outpatient Rate: 84.77

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

Martin Medical Center

Type of Action: Unaudited Cost Report

County: Martin (43)
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	120,562,226.00	134,441,208.00	7,880,960.00	6,851,107.00	Total Bed Days	151,110
2. Routine	57,977,633.00		3,991,550.00		Total Inpatient Days	98,180
3. Special Care	23,127,733.00		985,015.00		Total Newborn Days	6,726
4. Newborn Routine	3,454,463.00		1,659,955.00		Medicaid Inpatient Days	7,458
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,394
6. Home Health					Medicare Inpatient Days	48,258
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	60,894
9. Total Cost	205,122,055.00	134,441,208.00	14,517,480.00	6,851,107.00	Property Rate Allowance	0.80
10. Charges	1,188,053,461.00	1,041,308,357.00	75,623,239.00	57,921,589.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		31,149,284.00		1,982,747.26	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,530.89	121.63	County Ceiling Base	947.49	188.59	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,017.41	114.32	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,578.89	194.97	FPLI	0.9546

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	6,851,107.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,851,107.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		7,070,525.82
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		60,894
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		116.11
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		118.35
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		116.11
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9546) for Martin (43)		194.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		195.23
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		194.97
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		116.11
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		116.11
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		57,921,589.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		951.19
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		981.65
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		116.11
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(31.34)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		84.77



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101192 - 2015/07
Outpatient Rate: 66.65

Type of Control: Proprietary
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Special-IP

Lower Keys Medical Center

Type of Action: Unaudited Cost Report

County: Monroe (44)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	18,489,761.00	21,145,093.00	1,882,676.00	908,471.00	Total Bed Days	55,480
2. Routine	15,119,058.00		1,149,332.00		Total Inpatient Days	17,617
3. Special Care	3,188,013.00		409,860.00		Total Newborn Days	951
4. Newborn Routine	596,497.00		275,981.00		Medicaid Inpatient Days	1,615
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	57
6. Home Health					Medicare Inpatient Days	6,838
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(765,759.88)	(433,020.12)	(76,136.03)	(18,604.14)	Medicaid Paid Claims	9,925
9. Total Cost	36,627,569.12	20,712,072.88	3,641,712.97	889,866.86	Property Rate Allowance	0.80
10. Charges	191,681,255.00	178,021,752.00	18,240,792.00	8,308,140.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	6,383,706.00		607,486.91		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,855.22	91.66	County Ceiling Base	Exempt	199.44	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	88.18	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,669.69	206.18	FPLI	1.0095

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	889,866.86
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		889,866.86
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		918,366.42
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		9,925
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		92.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		91.29
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		91.29
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0095) for Monroe (44)		206.18
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		206.47
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		206.18
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		91.29
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		91.29
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		8,308,140.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		837.09
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		863.90
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		91.29
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(24.64)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		66.65



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101206 - 2015/07
Outpatient Rate: 89.44

Type of Control: Nonprofit (Other)

Fishermen's Hospital

County: Monroe (44)

Fiscal Year: 7/1/2013 - 6/30/2014

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,629,169.00	13,226,172.00	59,846.00	330,206.00	Total Bed Days	9,125
2. Routine	3,906,580.00		46,526.00		Total Inpatient Days	2,049
3. Special Care	822,998.00		29,096.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	34
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,101
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(98,764.89)	(177,514.11)	(1,818.17)	(4,431.84)	Medicaid Paid Claims	3,779
9. Total Cost	7,259,982.11	13,048,657.89	133,649.83	325,774.16	Property Rate Allowance	1.00
10. Charges	15,424,695.00	54,367,947.00	303,530.00	1,687,705.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		2,676,152.00		0.00	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,299.12	88.60	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,669.69	206.18	FPLI	1.0095

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	325,774.16
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		325,774.16
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		337,984.82
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		3,779
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		89.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		89.44
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0095) for Monroe (44)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		89.44
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	89.44	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		1,687,705.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		446.60
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		463.34
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		89.44
AU	Medicaid Trend Adjustment (IP%: 14.3869 %, OP%: 8.0635 %)		(7.21)
AV	Buy Back of Medicaid Trend Adjustment		7.21
AW			
AX			
AY	Final Prospective Rates		89.44



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101214 - 2015/07
Outpatient Rate: 295.15

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Rural Hospital

Mariners Hospital
 Type of Action: Unaudited Cost Report

County: Monroe (44)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,041,170.00	30,778,081.00	176,609.00	822,289.00	Total Bed Days	9,125
2. Routine	7,970,054.00		132,315.00		Total Inpatient Days	1,863
3. Special Care	2,988,620.00		130,142.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	62
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,012
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(182,822.57)	(375,132.43)	(5,351.47)	(10,022.30)	Medicaid Paid Claims	2,811
9. Total Cost	14,817,021.43	30,402,948.57	433,714.53	812,266.70	Property Rate Allowance	1.00
10. Charges	20,267,991.00	123,210,980.00	812,601.00	3,065,032.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		3,498,032.00		0.00	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	6,211.26	295.41	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,669.69	206.18	FPLI	1.0095

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	812,266.70
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		812,266.70
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		838,280.97
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		2,811
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		298.21
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		298.21
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0095) for Monroe (44)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		298.21
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	298.21	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		3,065,032.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,090.37
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		1,125.29
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		298.21
AU	Medicaid Trend Adjustment (IP%: 14.3869 %, OP%: 8.0635 %)		(24.05)
AV	Buy Back of Medicaid Trend Adjustment		20.98
AW			
AX			
AY	Final Prospective Rates		295.15



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101231 - 2015/07

Outpatient Rate: 95.30

Type of Control: Nonprofit (Church)

Baptist Medical Center - Nassau

County: Nassau (45)

Fiscal Year: 10/1/2013 - 9/30/2014

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,263,522.00	23,733,836.00	1,407,123.00	1,394,467.00	Total Bed Days	19,710
2. Routine	11,560,269.00		986,381.00		Total Inpatient Days	11,030
3. Special Care	0.00		0.00		Total Newborn Days	927
4. Newborn Routine	778,140.00		349,199.00		Medicaid Inpatient Days	1,078
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	56
6. Home Health					Medicare Inpatient Days	4,880
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(323,950.58)	(355,921.42)	(41,130.59)	(20,911.95)	Medicaid Paid Claims	14,771
9. Total Cost	21,277,980.42	23,377,914.58	2,701,572.41	1,373,555.06	Property Rate Allowance	1.00
10. Charges	78,562,457.00	154,690,333.00	8,398,582.00	8,463,758.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		2,877,658.00		307,630.99	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,218.60	97.73	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,624.21	200.57	FPLI	0.9820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,373,555.06
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,373,555.06
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,417,545.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		14,771
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		95.97
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		95.97
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9820) for Nassau (45)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		95.97
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		95.97
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		8,463,758.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		573.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		591.35
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		95.97
AU	Medicaid Trend Adjustment (IP%: 10.4769 %, OP%: 8.0635 %)		(7.74)
AV	Buy Back of Medicaid Trend Adjustment		7.07
AW			
AX			
AY	Final Prospective Rates		95.30



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101257 - 2015/07
Outpatient Rate: 74.11

Type of Control: Proprietary
 Fiscal Year: 6/1/2013 - 5/31/2014
 Hospital Classification: General

Twin Cities Hospital
 Type of Action: Unaudited Cost Report

County: Okaloosa (46)
 District: 1

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,355,122.00	14,497,738.00	337,317.00	796,596.00	Total Bed Days	23,725
2. Routine	5,894,516.00		240,694.00		Total Inpatient Days	6,647
3. Special Care	2,419,533.00		120,585.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	318
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,427
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	(279,368.36)	(229,224.64)	(11,045.54)	(12,595.03)	Medicaid Paid Claims	7,195
9. Total Cost	17,389,802.64	14,268,513.36	687,550.46	784,000.97	Property Rate Allowance	0.80
10. Charges	140,068,717.00	186,208,993.00	5,916,448.00	12,350,241.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	3,006,979.00		127,013.62		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,071.08	128.03	County Ceiling Base	960.67	174.20	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	873.84	98.05	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,463.28	180.69	FPLI	0.8847

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	784,000.97
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		784,000.97
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		814,953.34
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,195
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		113.27
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		101.50
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		101.50
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8847) for Okaloosa (46)		180.69
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		180.34
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		180.34
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		101.50
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		101.50
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		12,350,241.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,716.50
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,784.27
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		101.50
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(27.40)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		74.11



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101265 - 2015/07
Outpatient Rate: 82.08

Type of Control: Proprietary
 Fiscal Year: 4/1/2013 - 3/31/2014
 Hospital Classification: General

North Okaloosa Medical Center

Type of Action: Unaudited Cost Report

County: Okaloosa (46)
 District: 1

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	18,848,315.00	28,399,010.00	2,868,801.00	2,392,586.00	Total Bed Days	40,150
2. Routine	13,645,193.00		1,291,464.00		Total Inpatient Days	20,820
3. Special Care	3,110,815.00		200,951.00		Total Newborn Days	1,044
4. Newborn Routine	385,190.00		197,763.00		Medicaid Inpatient Days	2,007
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	73
6. Home Health					Medicare Inpatient Days	12,141
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0440038685
8. Adjustments	(550,221.79)	(434,175.21)	(69,699.46)	(36,578.79)	Medicaid Paid Claims	21,878
9. Total Cost	35,439,291.21	27,964,834.79	4,489,279.54	2,356,007.21	Property Rate Allowance	0.80
10. Charges	407,670,174.00	507,859,201.00	39,666,073.00	47,989,268.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		7,703,919.00		749,586.88	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,121.67	127.08	County Ceiling Base	960.67	174.20	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	870.19	124.74	Cost Report DRI Index	2.0680
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,463.28	180.69	FPLI	0.8847

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,356,007.21
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,356,007.21
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,459,680.64
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		21,878
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.43
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		129.13
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		112.43
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8847) for Okaloosa (46)		180.69
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		180.34
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		180.34
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		112.43
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		112.43
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		47,989,268.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,193.49
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,290.02
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		112.43
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(30.34)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		82.08



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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101290 - 2015/07
Outpatient Rate: 112.81

Type of Control: Nonprofit (Other)
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: Statutory Teaching

Florida Hospital
 Type of Action: Amended Cost Report

County: Orange (48)
 District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	765,841,659.00	536,904,810.00	86,113,958.00	41,445,215.00	Total Bed Days	865,780
2. Routine	504,971,347.00		55,370,229.00		Total Inpatient Days	619,500
3. Special Care	152,751,556.00		16,289,076.00		Total Newborn Days	42,431
4. Newborn Routine	35,066,187.00		22,893,791.00		Medicaid Inpatient Days	72,175
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	20,273
6. Home Health					Medicare Inpatient Days	215,734
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(22,577,087.01)	(8,310,359.99)	(2,796,414.24)	(641,500.41)	Medicaid Paid Claims	272,478
9. Total Cost	1,436,053,661.99	528,594,450.01	177,870,639.76	40,803,714.59	Property Rate Allowance	0.80
10. Charges	7,498,369,371.00	3,834,671,606.00	871,157,010.00	307,804,710.00	First Rate Semester in Effect	2014/07
11. Fixed Costs	159,245,225.00		18,501,034.99		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,845.44	160.31	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,620.08	200.06	FPLI	0.9795

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	40,803,714.59
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		40,803,714.59
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		42,785,439.44
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		272,478
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		157.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		157.02
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9795) for Orange (48)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		157.02
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		157.02
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		307,804,710.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,129.65
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,184.51
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		157.02
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(42.38)
AV	Exemption Tier Adj (IP%: 70.7683 %, OP%: 70.7683 %)		(4.40)
AW	Buy Back of Medicaid Trend Adjustment		2.57
AX			
AY	Final Prospective Rates		112.81



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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101338 - 2015/07
Outpatient Rate: 137.51

Type of Control: Nonprofit (Other)

Fiscal Year: 10/1/2013 - 9/30/2014

Hospital Classification: Statutory Teaching Hospital

Orlando Health

Type of Action: Unaudited Cost Report

County: Orange (48)

District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	429,349,096.00	381,207,638.00	60,927,568.00	29,508,196.00	Total Bed Days	556,538
2. Routine	312,736,038.00		46,794,448.00		Total Inpatient Days	325,762
3. Special Care	56,506,399.00		9,696,769.00		Total Newborn Days	67,048
4. Newborn Routine	59,804,108.00		29,002,307.00		Medicaid Inpatient Days	54,956
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	20,563
6. Home Health					Medicare Inpatient Days	68,372
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	164,062
9. Total Cost	858,395,641.00	381,207,638.00	146,421,092.00	29,508,196.00	Property Rate Allowance	0.80
10. Charges	4,329,807,311.00	2,887,107,265.00	686,460,377.00	202,757,648.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	123,503,648.00		19,580,631.35		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,769.65	189.51	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,620.08	200.06	FPLI	0.9795

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	29,508,196.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		29,508,196.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		30,453,248.17
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		164,062
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		185.62
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		185.62
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9795) for Orange (48)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		185.62
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	185.62	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	202,757,648.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,235.86	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,275.44	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	185.62	
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)	(48.78)	
AV	Exemption Tier Adj (IP%: 70.7683 %, OP%: 70.7683 %)	(3.79)	
AW	Buy Back of Medicaid Trend Adjustment	4.46	
AX			
AY	Final Prospective Rates		137.51



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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101354 - 2015/07
Outpatient Rate: 95.42

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Special

Health Central

Type of Action: Unaudited Cost Report

County: Orange (48)
 District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	46,000,085.00	46,801,626.00	3,353,409.00	3,165,190.00	Total Bed Days	62,415
2. Routine	33,517,590.00		2,386,834.00		Total Inpatient Days	49,179
3. Special Care	8,362,910.00		706,132.00		Total Newborn Days	2,141
4. Newborn Routine	1,433,285.00		904,427.00		Medicaid Inpatient Days	4,131
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	433
6. Home Health					Medicare Inpatient Days	15,206
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	23,385
9. Total Cost	89,313,870.00	46,801,626.00	7,350,802.00	3,165,190.00	Property Rate Allowance	0.80
10. Charges	497,479,284.00	317,067,222.00	36,582,775.00	20,245,230.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		12,127,622.00		891,820.18	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,491.09	142.61	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,620.08	200.06	FPLI	0.9795

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,165,190.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,165,190.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,266,560.81
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		23,385
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		139.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		139.69
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9795) for Orange (48)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		139.69
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		139.69
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		20,245,230.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		865.74
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		893.46
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		139.69
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(37.70)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(6.56)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		95.42



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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101389 - 2015/07
Outpatient Rate: 91.10

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: Special

Osceola Regional Medical Center

Type of Action: Unaudited Cost Report

County: Osceola (49)
 District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	64,477,039.00	58,512,454.00	8,218,170.00	5,185,051.00	Total Bed Days	93,805
2. Routine	55,332,350.00		3,757,355.00		Total Inpatient Days	81,229
3. Special Care	18,084,599.00		5,404,711.00		Total Newborn Days	2,893
4. Newborn Routine	1,070,688.00		737,979.00		Medicaid Inpatient Days	9,410
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	56
6. Home Health					Medicare Inpatient Days	26,579
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(2,344,757.58)	(987,283.42)	(305,709.50)	(87,487.61)	Medicaid Paid Claims	42,437
9. Total Cost	136,619,918.42	57,525,170.58	17,812,505.50	5,097,563.39	Property Rate Allowance	0.80
10. Charges	1,249,348,082.00	796,643,935.00	113,549,933.00	86,261,973.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		16,395,724.00		1,490,163.86	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,898.42	132.25	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,575.25	194.52	FPLI	0.9524

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,097,563.39
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,097,563.39
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		5,345,138.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		42,437
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		125.95
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		125.95
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9524) for Osceola (49)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		125.95
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		125.95
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		86,261,973.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,032.71
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,131.43
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		125.95
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(34.00)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(0.86)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		91.10



Florida Agency for Health Care Administration
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101401 - 2015/07
Outpatient Rate: 68.62

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Special

Bethesda Hospital East
 Type of Action: Unaudited Cost Report

County: Palm Beach (50)
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	94,687,320.00	72,978,411.00	13,751,874.00	5,976,754.00	Total Bed Days	164,980
2. Routine	59,418,087.00		6,884,505.00		Total Inpatient Days	92,666
3. Special Care	16,029,478.00		1,363,550.00		Total Newborn Days	14,153
4. Newborn Routine	8,391,926.00		6,077,180.00		Medicaid Inpatient Days	12,938
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	4,673
6. Home Health					Medicare Inpatient Days	39,647
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(2,259,976.86)	(923,836.14)	(355,429.06)	(75,659.93)	Medicaid Paid Claims	64,794
9. Total Cost	176,266,834.14	72,054,574.86	27,721,679.94	5,901,094.07	Property Rate Allowance	0.80
10. Charges	929,579,209.00	577,643,245.00	127,838,305.00	44,904,554.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	25,804,689.00		3,548,732.23		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,381.88	91.69	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.50	209.37	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,901,094.07
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,901,094.07
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		6,090,087.05
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		64,794
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		93.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		93.99
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		93.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		93.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		44,904,554.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		693.04
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		715.23
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		93.99
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(25.37)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		68.62



Florida Agency for Health Care Administration
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101419 - 2015/07
Outpatient Rate: 71.75

Type of Control: Nonprofit (Other)
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: General

Boca Raton Regional Hospital

Type of Action: Unaudited Cost Report

County: Palm Beach (50)
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	94,225,406.00	150,338,529.00	2,151,594.00	841,567.00	Total Bed Days	137,605
2. Routine	53,982,562.00		1,342,311.00		Total Inpatient Days	75,197
3. Special Care	14,819,981.00		364,157.00		Total Newborn Days	4,577
4. Newborn Routine	1,065,463.00		129,431.00		Medicaid Inpatient Days	2,243
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	2
6. Home Health					Medicare Inpatient Days	45,586
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	8,884
9. Total Cost	164,093,412.00	150,338,529.00	3,987,493.00	841,567.00	Property Rate Allowance	0.80
10. Charges	647,292,134.00	649,556,782.00	14,817,154.00	4,822,850.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		25,083,002.00		574,174.60	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,538.77	95.87	County Ceiling Base	1,054.35	202.52	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	864.22	116.42	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.50	209.37	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	841,567.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		841,567.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		873,110.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,884
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		98.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		120.52
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		98.28
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		209.37
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		209.66
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		209.37
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		98.28
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		98.28
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		4,822,850.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		542.87
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		563.22
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		98.28
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(26.53)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		71.75



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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101443 - 2015/07
Outpatient Rate: 88.70

Type of Control: Government
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Rural Hospital

Lakeside Medical Center
 Type of Action: Unaudited Cost Report

County: Palm Beach (50)
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,079,881.00	12,981,158.00	3,094,509.00	2,484,058.00	Total Bed Days	25,435
2. Routine	7,874,556.00		1,865,950.00		Total Inpatient Days	9,965
3. Special Care	2,195,254.00		296,520.00		Total Newborn Days	1,074
4. Newborn Routine	522,650.00		300,257.00		Medicaid Inpatient Days	2,541
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	102
6. Home Health					Medicare Inpatient Days	2,196
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(261,771.24)	(164,378.76)	(70,370.58)	(31,455.31)	Medicaid Paid Claims	28,537
9. Total Cost	20,410,569.76	12,816,779.24	5,486,865.42	2,452,602.69	Property Rate Allowance	1.00
10. Charges	61,849,818.00	54,104,906.00	14,731,853.00	9,444,467.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	3,639,153.00		866,800.72		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,759.85	86.53	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.50	209.37	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,452,602.69
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,452,602.69
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,531,151.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		28,537
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		88.70
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		88.70
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		88.70
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		88.70
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		9,444,467.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		330.96
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		341.55
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		88.70
AU	Medicaid Trend Adjustment (IP%: 14.3869 %, OP%: 9.7176 %)		(8.62)
AV	Buy Back of Medicaid Trend Adjustment	8.62	
AW			
AX			
AY	Final Prospective Rates		88.70



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101460 - 2015/07
Outpatient Rate: 105.71

Type of Control: Proprietary
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: CHEP

JFK Medical Center
 Type of Action: Unaudited Cost Report

County: Palm Beach (50)
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	132,235,920.00	88,184,943.00	12,477,217.00	5,821,678.00	Total Bed Days	163,520
2. Routine	85,718,887.00		8,309,663.00		Total Inpatient Days	126,095
3. Special Care	23,738,633.00		2,932,319.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	13,749
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	42,301
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(3,828,891.11)	(1,397,019.89)	(375,757.94)	(92,226.63)	Medicaid Paid Claims	41,053
9. Total Cost	237,864,548.89	86,787,923.11	23,343,441.06	5,729,451.37	Property Rate Allowance	0.80
10. Charges	2,045,554,846.00	995,109,784.00	192,109,876.00	69,392,867.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		28,193,196.00		2,647,785.95	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,523.43	141.25	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.50	209.37	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,729,451.37
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,729,451.37
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		5,944,202.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		41,053
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		144.79
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		144.79
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		144.79
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		144.79
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		69,392,867.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,690.32
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,753.68
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		144.79
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(39.08)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		105.71



Florida Agency for Health Care Administration
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101486 - 2015/07
Outpatient Rate: 81.12

Type of Control: Proprietary
 Fiscal Year: 6/1/2013 - 5/31/2014
 Hospital Classification: Special

St. Mary's Medical Center
 Type of Action: Unaudited Cost Report

County: Palm Beach (50)
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	92,631,418.00	50,104,550.00	24,360,747.00	7,828,689.00	Total Bed Days	169,360
2. Routine	57,404,397.00		21,352,152.00		Total Inpatient Days	104,244
3. Special Care	23,392,983.00		9,798,059.00		Total Newborn Days	7,423
4. Newborn Routine	863,730.00		634,162.00		Medicaid Inpatient Days	41,445
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	223
6. Home Health					Medicare Inpatient Days	13,865
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	76,094
9. Total Cost	174,292,528.00	50,104,550.00	56,145,120.00	7,828,689.00	Property Rate Allowance	0.80
10. Charges	1,039,194,398.00	348,428,751.00	304,249,112.00	65,049,952.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		14,837,008.00		4,343,890.34	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,260.63	104.33	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.50	209.37	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	7,828,689.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		7,828,689.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		8,137,765.79
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		76,094
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		106.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.94
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		106.94
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		106.94
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		65,049,952.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		854.86
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		888.61
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		106.94
AU	Medicaid Trend Adjustment (IP%: 27.2260 %, OP%: 26.2788 %)		(28.10)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		0.00
AW	Buy Back of Medicaid Trend Adjustment		2.28
AX			
AY	Final Prospective Rates		81.12



Florida Agency for Health Care Administration
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101494 - 2015/07
Outpatient Rate: 75.74

Type of Control: Nonprofit (Church)
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Florida Hospital Zephyrhills

Type of Action: Unaudited Cost Report

County: Pasco (51)
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	37,301,150.00	37,454,904.00	2,814,694.00	2,009,557.00	Total Bed Days	50,735
2. Routine	24,211,405.00		1,496,332.00		Total Inpatient Days	32,979
3. Special Care	5,076,474.00		501,331.00		Total Newborn Days	843
4. Newborn Routine	627,634.00		486,172.00		Medicaid Inpatient Days	2,456
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	641
6. Home Health					Medicare Inpatient Days	13,824
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(1,130,114.36)	(629,729.64)	(89,084.22)	(33,786.70)	Medicaid Paid Claims	18,313
9. Total Cost	66,086,548.64	36,825,174.36	5,209,444.78	1,975,770.30	Property Rate Allowance	0.80
10. Charges	421,887,812.00	282,987,446.00	26,733,250.00	15,745,513.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	8,502,058.00		538,739.53		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,644.53	117.65	County Ceiling Base	879.92	184.22	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	876.76	100.21	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,590.47	196.40	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,975,770.30
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,975,770.30
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,071,728.06
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,313
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		113.13
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		103.74
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		103.74
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9616) for Pasco (51)		196.40
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		190.71
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		103.74
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		103.74
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,745,513.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		859.80
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		901.56
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		103.74
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(28.00)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		75.74



Florida Agency for Health Care Administration
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101508 - 2015/07
Outpatient Rate: 83.96

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Morton Plant North Bay Hospital

Type of Action: Unaudited Cost Report

County: Pasco (51)
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	23,881,692.00	22,659,475.00	3,160,615.00	1,960,762.00	Total Bed Days	82,490
2. Routine	38,976,194.00		3,773,225.00		Total Inpatient Days	52,569
3. Special Care	5,303,599.00		224,266.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	5,416
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	17,477
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(968,932.81)	(322,110.19)	(101,754.29)	(27,872.73)	Medicaid Paid Claims	13,834
9. Total Cost	67,192,552.19	22,337,364.81	7,056,351.71	1,932,889.27	Property Rate Allowance	0.80
10. Charges	302,377,217.00	174,493,033.00	37,457,044.00	14,903,447.00	First Rate Semester in Effect	2014/07
11. Fixed Costs	7,911,471.00		980,035.20		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,223.39	152.36	County Ceiling Base	869.64	179.53	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	836.56	111.08	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,590.47	196.40	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,932,889.27
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,932,889.27
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,026,764.42
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,834
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		146.51
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		114.99
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		114.99
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9616) for Pasco (51)		196.40
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.86
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		185.86
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		114.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		114.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		14,903,447.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,077.31
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,129.63
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		114.99
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(31.04)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		83.96



Florida Agency for Health Care Administration
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101516 - 2015/07
Outpatient Rate: 252.86

Type of Control: Nonprofit (Other)
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: Specialized: Children's

All Children's Hospital
 Type of Action: Unaudited Cost Report

County: Pinellas (52)
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	134,702,314.00	102,358,204.00	51,870,008.00	38,540,207.00	Total Bed Days	94,535
2. Routine	40,102,765.00		15,559,740.00		Total Inpatient Days	68,557
3. Special Care	79,527,527.00		47,617,335.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	38,702
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	190
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(3,662,018.28)	(1,473,808.72)	(1,656,510.06)	(554,922.72)	Medicaid Paid Claims	150,178
9. Total Cost	250,670,587.72	100,884,395.28	113,390,572.94	37,985,284.28	Property Rate Allowance	0.80
10. Charges	761,326,456.00	421,038,348.00	402,173,236.00	108,921,055.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	43,454,961.00		22,955,227.88		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,562.14	277.34	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,565.00	193.25	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	37,985,284.28
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		37,985,284.28
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		39,409,047.93
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		150,178
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		262.42
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		262.42
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		262.42
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		262.42
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		108,921,055.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		725.28
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		752.46
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		262.42
AU	Medicaid Trend Adjustment (IP%: 10.3891 %, OP%: 6.5029 %)		(17.06)
AV	Exemption Tier Adj (IP%: 88.7683 %, OP%: 88.7683 %)		(7.26)
AW	Buy Back of Medicaid Trend Adjustment		14.77
AX			
AY	Final Prospective Rates		252.86



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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101524 - 2015/07

Outpatient Rate: 86.85

Type of Control: Proprietary
 Fiscal Year: 6/1/2013 - 5/31/2014
 Hospital Classification: General

Good Samaritan Hospital

Type of Action: Unaudited Cost Report

County: Palm Beach (50)
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	36,299,586.00	56,913,087.00	4,321,071.00	3,096,934.00	Total Bed Days	121,545
2. Routine	29,855,381.00		3,868,301.00		Total Inpatient Days	28,288
3. Special Care	5,796,454.00		769,124.00		Total Newborn Days	1,838
4. Newborn Routine	442,931.00		262,438.00		Medicaid Inpatient Days	5,644
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	55
6. Home Health					Medicare Inpatient Days	15,006
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	27,063
9. Total Cost	72,394,352.00	56,913,087.00	9,220,934.00	3,096,934.00	Property Rate Allowance	0.80
10. Charges	449,790,305.00	440,954,181.00	47,258,679.00	26,605,857.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		13,825,778.00		1,452,650.26	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,382.22	116.04	County Ceiling Base	1,054.35	202.52	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	957.10	125.74	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.50	209.37	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,096,934.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,096,934.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,219,201.01
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		27,063
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		118.95
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		130.17
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		118.95
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		209.37
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		209.66
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		209.37
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		118.95
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		118.95
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		26,605,857.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		983.11
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,021.92
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		118.95
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(32.11)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		86.85



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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101541 - 2015/07
Outpatient Rate: 81.96

Type of Control: Nonprofit (Other)
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Mease Dunedin Hospital
 Type of Action: Unaudited Cost Report

County: Pinellas (52)
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,634,203.00	20,420,579.00	2,286,116.00	885,174.00	Total Bed Days	41,212
2. Routine	14,788,526.00		1,379,955.00		Total Inpatient Days	20,797
3. Special Care	4,541,948.00		707,742.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,457
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,912
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(702,950.13)	(399,131.87)	(85,488.67)	(17,301.23)	Medicaid Paid Claims	8,106
9. Total Cost	35,261,726.87	20,021,447.13	4,288,324.33	867,872.77	Property Rate Allowance	0.80
10. Charges	161,642,078.00	153,993,192.00	21,808,386.00	7,052,970.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	4,814,884.00		649,613.33		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,641.18	118.65	County Ceiling Base	959.45	183.03	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,004.32	117.12	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,565.00	193.25	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	867,872.77
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		867,872.77
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		910,022.98
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,106
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.27
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		121.25
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		112.27
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)		193.25
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		189.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		189.48
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		112.27
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		112.27
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		7,052,970.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		870.09
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		912.35
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		112.27
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(30.30)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		81.96



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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101567 - 2015/07
Outpatient Rate: 68.45

Type of Control: Nonprofit (Other)
 Fiscal Year: 4/1/2014 - 9/30/2014
 Hospital Classification: CHEP

Bayfront Health - St Petersburg

Type of Action: Unaudited Cost Report

County: Pinellas (52)
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	43,019,640.00	27,744,526.00	3,583,172.00	926,563.00	Total Bed Days	64,233
2. Routine	23,277,011.00		2,513,863.00		Total Inpatient Days	37,819
3. Special Care	9,964,222.00		1,185,107.00		Total Newborn Days	3,563
4. Newborn Routine	856,020.00		258,509.00		Medicaid Inpatient Days	4,352
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,969
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0295660467
8. Adjustments	(1,468,490.66)	(528,322.34)	(143,592.09)	(17,643.98)	Medicaid Paid Claims	11,381
9. Total Cost	75,648,402.34	27,216,203.66	7,397,058.91	908,919.02	Property Rate Allowance	0.80
10. Charges	537,509,623.00	229,399,519.00	44,610,530.00	9,782,305.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	7,644,589.00		634,461.51		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,690.81	86.90	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,565.00	193.25	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	908,919.02
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		908,919.02
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		935,792.16
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,381
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		82.22
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		82.22
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		82.22
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		82.22
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		9,782,305.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		859.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		884.94
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		82.22
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(21.61)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		0.00
AW	Buy Back of Medicaid Trend Adjustment		7.83
AX			
AY	Final Prospective Rates		68.45



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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101583 - 2015/07
Outpatient Rate: 108.39

Type of Control: Nonprofit (Other)
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: CHEP

Morton F. Plant Hospital
 Type of Action: Unaudited Cost Report

County: Pinellas (52)
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	128,350,347.00	112,159,289.00	16,484,076.00	4,985,163.00	Total Bed Days	189,070
2. Routine	71,257,050.00		7,991,599.00		Total Inpatient Days	109,150
3. Special Care	22,278,531.00		3,576,792.00		Total Newborn Days	4,873
4. Newborn Routine	1,972,923.00		1,346,193.00		Medicaid Inpatient Days	15,026
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	67
6. Home Health					Medicare Inpatient Days	41,563
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(3,707,891.10)	(1,857,752.90)	(486,945.36)	(82,571.86)	Medicaid Paid Claims	32,269
9. Total Cost	220,150,959.90	110,301,536.10	28,911,714.64	4,902,591.14	Property Rate Allowance	0.80
10. Charges	1,074,233,581.00	788,069,371.00	125,603,004.00	32,336,882.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		24,977,135.00		2,920,410.65	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)			Inflation / FPLI Data (H)		
			IP (G)	OP (G)			
1. Normalized Rate	1,908.38	168.37	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,565.00	193.25	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,902,591.14
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,902,591.14
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		5,140,696.59
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		32,269
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		159.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		159.31
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		159.31
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		159.31
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		32,336,882.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,002.10
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,050.77
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		159.31
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(43.00)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(7.92)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		108.39



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 For Rate Semester July 01, 2015 through June 30, 2016

101613 - 2015/07
Outpatient Rate: 84.68

Type of Control: Nonprofit (Other)
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Florida Hospital North Pinellas

Type of Action: Unaudited Cost Report

County: Pinellas (52)
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	17,546,241.00	31,007,531.00	1,770,711.00	1,136,114.00	Total Bed Days	54,750
2. Routine	12,452,091.00		676,845.00		Total Inpatient Days	15,427
3. Special Care	2,402,662.00		219,548.00		Total Newborn Days	501
4. Newborn Routine	496,043.00		313,865.00		Medicaid Inpatient Days	1,033
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	7
6. Home Health					Medicare Inpatient Days	6,127
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(450,709.70)	(424,822.30)	(40,841.11)	(15,565.46)	Medicaid Paid Claims	10,130
9. Total Cost	32,446,327.30	30,582,708.70	2,940,127.89	1,120,548.54	Property Rate Allowance	0.80
10. Charges	150,151,586.00	168,100,836.00	9,211,430.00	8,342,083.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		4,949,562.00		303,643.44	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,809.35	122.58	County Ceiling Base	970.78	186.93	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,279.29	135.90	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,565.00	193.25	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,120,548.54
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,120,548.54
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,174,970.52
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		10,130
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		115.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		140.69
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		115.99
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)		193.25
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.25
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		115.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		115.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		8,342,083.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		823.50
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		863.50
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		115.99
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(31.31)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		84.68



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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101648 - 2015/07
Outpatient Rate: 80.91

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Special

Lakeland Regional Medical Center

Type of Action: Unaudited Cost Report

County: Polk (53)
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	159,573,510.00	173,674,993.00	15,107,050.00	10,964,584.00	Total Bed Days	304,045
2. Routine	136,466,792.00		11,498,373.00		Total Inpatient Days	192,098
3. Special Care	37,764,070.00		4,846,075.00		Total Newborn Days	5,836
4. Newborn Routine	2,087,760.00		837,469.00		Medicaid Inpatient Days	18,868
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	88
6. Home Health					Medicare Inpatient Days	65,836
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(5,024,350.28)	(2,597,869.72)	(482,985.65)	(164,010.72)	Medicaid Paid Claims	104,644
9. Total Cost	330,867,781.72	171,077,123.28	31,805,981.35	10,800,573.28	Property Rate Allowance	0.80
10. Charges	1,734,537,547.00	1,334,960,970.00	139,656,715.00	87,276,109.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	43,291,230.00		3,485,603.98		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,635.40	112.98	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,559.37	192.56	FPLI	0.9428

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	10,800,573.28
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		10,800,573.28
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		11,146,480.74
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		104,644
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		106.52
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.52
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9428) for Polk (53)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		106.52
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		106.52
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		87,276,109.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		834.03
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		860.74
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		106.52
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(27.99)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(0.52)
AW	Buy Back of Medicaid Trend Adjustment		2.91
AX			
AY	Final Prospective Rates		80.91



Florida Agency for Health Care Administration
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101664 - 2015/07
Outpatient Rate: 62.92

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Lake Wales Hospital Association

Type of Action: Unaudited Cost Report

County: Polk (53)
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,935,991.00	17,057,621.00	1,050,722.00	1,168,679.00	Total Bed Days	47,815
2. Routine	13,573,260.00		621,753.00		Total Inpatient Days	20,459
3. Special Care	3,249,310.00		291,780.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,139
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,452
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(488,250.44)	(254,235.56)	(29,276.27)	(17,418.59)	Medicaid Paid Claims	13,731
9. Total Cost	32,270,310.56	16,803,385.44	1,934,978.73	1,151,260.41	Property Rate Allowance	0.80
10. Charges	259,472,792.00	207,626,853.00	16,131,000.00	13,806,723.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	5,061,997.00		314,696.09		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,582.14	93.25	County Ceiling Base	916.04	186.26	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	814.22	83.25	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,559.37	192.56	FPLI	0.9428

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,151,260.41
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,151,260.41
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,207,173.98
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,731
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		87.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		86.18
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		86.18
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9428) for Polk (53)		192.56
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		192.56
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		86.18
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		86.18
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		13,806,723.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,005.51
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,054.35
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		86.18
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(23.26)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		62.92



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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101699 - 2015/07
Outpatient Rate: 83.88

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2012 - 12/31/2013
 Hospital Classification: Special

Winter Haven Hospital
 Type of Action: Unaudited Cost Report

County: Polk (53)
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	91,373,539.00	113,069,496.00	8,805,046.00	4,869,613.00	Total Bed Days	240,839
2. Routine	75,065,250.00		6,309,470.00		Total Inpatient Days	94,413
3. Special Care	19,716,128.00		2,296,886.00		Total Newborn Days	5,390
4. Newborn Routine	2,681,268.00		1,590,348.00		Medicaid Inpatient Days	9,468
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	542
6. Home Health					Medicare Inpatient Days	39,510
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0500972763
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	40,495
9. Total Cost	188,836,185.00	113,069,496.00	19,001,750.00	4,869,613.00	Property Rate Allowance	0.80
10. Charges	869,984,257.00	783,899,085.00	78,646,295.00	35,638,715.00	First Rate Semester in Effect	2014/07
11. Fixed Costs		22,596,062.00		2,042,676.68	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,887.03	133.94	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0560
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,559.37	192.56	FPLI	0.9428

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,869,613.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,869,613.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		5,113,567.35
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		40,495
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		126.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		126.28
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9428) for Polk (53)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		126.28
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		126.28
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		35,638,715.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		880.08
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		924.17
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		126.28
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(34.08)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(8.32)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		83.88



Florida Agency for Health Care Administration
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101702 - 2015/07
Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

West Gables Rehabilitation

Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,523,848.00	0.00	198,998.00	0.00	Total Bed Days	21,900
2. Routine	8,906,317.00		240,986.00		Total Inpatient Days	17,795
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	481
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,073
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(303,133.00)	0.00	(7,651.89)	0.00	Medicaid Paid Claims	0
9. Total Cost	17,127,032.00	0.00	432,332.11	0.00	Property Rate Allowance	0.80
10. Charges	36,931,154.00	0.00	936,685.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	1,517,756.00		38,494.85		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	712.67	0.00	County Ceiling Base	1,051.21	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	472.36	0.00	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.53
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)		(5.00)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		14.53



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101711 - 2015/07
Outpatient Rate: 59.41

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Special

Flagler Hospital

Type of Action: Unaudited Cost Report

County: St Johns (55)
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	69,337,318.00	56,873,754.00	3,327,346.00	2,726,082.00	Total Bed Days	122,275
2. Routine	54,509,406.00		3,674,963.00		Total Inpatient Days	60,696
3. Special Care	15,604,132.00		1,467,994.00		Total Newborn Days	2,879
4. Newborn Routine	1,170,059.00		451,522.00		Medicaid Inpatient Days	4,831
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	29,563
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(1,856,187.80)	(750,730.20)	(117,767.56)	(35,984.12)	Medicaid Paid Claims	34,118
9. Total Cost	138,764,727.20	56,123,023.80	8,804,057.44	2,690,097.88	Property Rate Allowance	0.80
10. Charges	581,723,509.00	332,681,260.00	32,688,880.00	17,426,788.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	19,628,659.00		1,102,996.30		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,747.37	86.43	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,557.22	192.29	FPLI	0.9415

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,690,097.88
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,690,097.88
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,776,253.02
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		34,118
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		81.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		81.37
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9415) for St Johns (55)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		81.37
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		81.37
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		17,426,788.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		510.78
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		527.14
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	81.37	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)	(21.96)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		59.41



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101737 - 2015/07

Outpatient Rate: 106.00

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Rural Hospital

Jay Hospital

Type of Action: Unaudited Cost Report

County: Santa Rosa (57)
 District: 1

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,026,862.00	4,984,148.00	107,426.00	450,952.00	Total Bed Days	7,665
2. Routine	3,071,493.00		232,165.00		Total Inpatient Days	2,001
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	161
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,191
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(50,037.14)	(60,851.86)	(4,146.09)	(5,505.71)	Medicaid Paid Claims	4,337
9. Total Cost	4,048,317.86	4,923,296.14	335,444.91	445,446.29	Property Rate Allowance	1.00
10. Charges	9,650,862.00	33,643,631.00	727,074.00	3,458,440.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		802,106.00		0.00	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,760.15	111.44	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,573.27	194.28	FPLI	0.9512

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	445,446.29
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		445,446.29
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		459,712.50
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		4,337
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		106.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9512) for Santa Rosa (57)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		106.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	106.00	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		3,458,440.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		797.43
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		822.97
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		106.00
AU	Medicaid Trend Adjustment (IP%: 14.3869 %, OP%: 9.7176 %)		(10.30)
AV	Buy Back of Medicaid Trend Adjustment		10.30
AW			
AX			
AY	Final Prospective Rates		106.00



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101745 - 2015/07
Outpatient Rate: 70.25

Type of Control: Proprietary
 Fiscal Year: 6/1/2013 - 5/31/2014
 Hospital Classification: General

Santa Rosa Hospital
 Type of Action: Unaudited Cost Report

County: Santa Rosa (57)
 District: 1

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,315,281.00	23,660,339.00	2,630,623.00	3,064,051.00	Total Bed Days	47,085
2. Routine	9,569,444.00		27,012.00		Total Inpatient Days	13,550
3. Special Care	2,141,885.00		5,368.00		Total Newborn Days	875
4. Newborn Routine	582,959.00		9,994.00		Medicaid Inpatient Days	42
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,538
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	(368,841.40)	(354,614.60)	(40,062.14)	(45,923.15)	Medicaid Paid Claims	28,965
9. Total Cost	24,240,727.60	23,305,724.40	2,632,934.86	3,018,127.85	Property Rate Allowance	0.80
10. Charges	156,507,299.00	249,002,449.00	21,858,186.00	32,947,753.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	6,548,456.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,340.33	113.87	County Ceiling Base	1,638.04	187.92	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	941.51	92.94	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,573.27	194.28	FPLI	0.9512

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,018,127.85
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		3,018,127.85
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,137,283.60
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		28,965
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		108.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		96.21
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		96.21
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9512) for Santa Rosa (57)		194.28
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		194.54
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		194.28
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		96.21
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		96.21
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		32,947,753.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,137.50
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		1,182.41
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		96.21
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(25.97)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		70.25



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101753 - 2015/07
Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 1/1/2012 - 12/31/2012
 Hospital Classification: General

HealthSouth Rehabilitation Hospital of Largo

Type of Action: Unaudited Cost Report

County: Pinellas (52)
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,575,074.00	2,273.00	78,611.00	0.00	Total Bed Days	25,620
2. Routine	8,911,387.00		99,127.00		Total Inpatient Days	15,912
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	177
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,617
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0709325397
8. Adjustments	(324,793.22)	(44.78)	(3,501.55)	0.00	Medicaid Paid Claims	0
9. Total Cost	16,161,667.78	2,228.22	174,236.45	0.00	Property Rate Allowance	0.80
10. Charges	24,250,369.00	6,674.00	259,002.00	0.00	First Rate Semester in Effect	2014/07
11. Fixed Costs	1,404,557.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,049.68	0.00	County Ceiling Base	970.78	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	550.09	0.00	Cost Report DRI Index	2.0160
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,565.00	193.25	FPLI	0.9462

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		0.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.53
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)		(5.00)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		14.53



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101761 - 2015/07
Outpatient Rate: 97.16

Memorial Hospital

Type of Control: Government

County: Sarasota (58)

Fiscal Year: 10/1/2013 - 9/30/2014

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	156,597,643.00	163,603,445.00	11,721,489.00	5,726,661.00	Total Bed Days	226,665
2. Routine	107,469,260.00		6,747,104.00		Total Inpatient Days	127,163
3. Special Care	22,585,307.00		5,530,529.00		Total Newborn Days	5,393
4. Newborn Routine	2,740,810.00		1,170,939.00		Medicaid Inpatient Days	13,662
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	2,304
6. Home Health					Medicare Inpatient Days	63,918
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(4,404,925.14)	(2,490,249.86)	(383,119.93)	(87,166.97)	Medicaid Paid Claims	43,733
9. Total Cost	284,988,094.86	161,113,195.14	24,786,941.07	5,639,494.03	Property Rate Allowance	0.80
10. Charges	1,210,004,850.00	1,013,230,249.00	94,613,824.00	36,894,168.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	44,995,487.00		3,518,328.95		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)		OP (F)			IP (G)		OP (G)		Inflation / FPLI Data (H)	
1. Normalized Rate	1,397.70	135.30			County Ceiling Base	985.62	192.01			Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07			Variable Cost Base	797.57	132.34			Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01			State Ceiling	1,653.98	204.24			FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233			County Ceiling	1,626.86	200.89			FPLI	0.9836

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	5,639,494.03
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	5,639,494.03
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		5,820,108.80
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		43,733
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		133.08
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		133.08
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9836) for Sarasota (58)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		133.08
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		133.08
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		36,894,168.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		843.62
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		870.64
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		133.08
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(35.92)
AV	Exemption Tier Adjustment (IP%: 0.0000 %, OP%: 70.7683 %)		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		97.16



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101788 - 2015/07
Outpatient Rate: 71.91

Type of Control: Proprietary
 Fiscal Year: 6/1/2013 - 5/31/2014
 Hospital Classification: General

Central Florida Regional Hospital

Type of Action: Unaudited Cost Report

County: Seminole (59)
 District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	35,022,271.00	40,042,434.00	3,860,577.00	2,421,314.00	Total Bed Days	80,665
2. Routine	28,178,030.00		1,832,949.00		Total Inpatient Days	43,583
3. Special Care	8,319,442.00		461,317.00		Total Newborn Days	1,132
4. Newborn Routine	964,674.00		562,445.00		Medicaid Inpatient Days	3,192
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	33
6. Home Health					Medicare Inpatient Days	18,400
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	(1,119,915.26)	(618,672.74)	(103,784.97)	(37,410.34)	Medicaid Paid Claims	25,160
9. Total Cost	71,364,501.74	39,423,761.26	6,613,503.03	2,383,903.66	Property Rate Allowance	0.80
10. Charges	504,555,729.00	429,657,625.00	34,650,256.00	38,464,207.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		8,788,853.00		603,572.59	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,016.15	102.51	County Ceiling Base	968.87	185.60	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	961.45	106.27	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,589.15	196.24	FPLI	0.9608

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,383,903.66
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,383,903.66
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,478,020.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		25,160
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		98.49
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		110.01
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		98.49
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9608) for Seminole (59)		196.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.14
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		192.14
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		98.49
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		98.49
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		38,464,207.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,528.78
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,589.14
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		98.49
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(26.58)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		71.91



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101796 - 2015/07
Outpatient Rate: 72.35

Type of Control: Proprietary
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: Rural Hospital

Shands Live Oak Regional Medical Center

Type of Action: Unaudited Cost Report

County: Suwannee (61)
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,414,978.00	10,674,407.00	349,199.00	1,550,045.00	Total Bed Days	5,475
2. Routine	3,437,783.00		280,037.00		Total Inpatient Days	4,693
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	402
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,895
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(82,830.94)	(151,069.06)	(8,905.23)	(21,936.94)	Medicaid Paid Claims	21,910
9. Total Cost	5,769,930.06	10,523,337.94	620,330.77	1,528,108.06	Property Rate Allowance	1.00
10. Charges	23,695,073.00	65,913,462.00	2,617,487.00	10,538,294.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		929,754.00		102,705.70	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,506.24	81.59	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,466.92	181.14	FPLI	0.8869

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,528,108.06
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,528,108.06
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,585,384.57
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		21,910
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		72.36
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		72.36
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8869) for Suwannee (61)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		72.36
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		72.36
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		10,538,294.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		480.98
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		499.01
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		72.36
AU	Medicaid Trend Adjustment (IP%: 10.4769 %, OP%: 8.0635 %)		(5.83)
AV	Buy Back of Medicaid Trend Adjustment		5.83
AW			
AX			
AY	Final Prospective Rates		72.35



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101800 - 2015/07
Outpatient Rate: 109.39

Type of Control: Government
 Fiscal Year: 6/1/2013 - 5/31/2014
 Hospital Classification: Rural Hospital

Doctors' Memorial Hospital

Type of Action: Unaudited Cost Report

County: Taylor (62)
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,120,959.00	11,364,514.00	284,400.00	1,466,582.00	Total Bed Days	17,520
2. Routine	3,288,221.00		355,031.00		Total Inpatient Days	3,249
3. Special Care	2,207,882.00		105,425.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	448
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,747
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	(84,023.91)	(125,362.09)	(8,216.52)	(16,177.88)	Medicaid Paid Claims	13,783
9. Total Cost	7,533,038.09	11,239,151.91	736,639.48	1,450,404.12	Property Rate Allowance	1.00
10. Charges	12,579,714.00	48,004,963.00	2,121,007.00	4,632,521.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		1,923,675.00		324,341.88	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	969.83	110.89	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,631.49	201.47	FPLI	0.9864

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,450,404.12
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,450,404.12
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,507,666.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,783
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		109.39
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		109.39
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9864) for Taylor (62)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		109.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		109.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		4,632,521.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		336.10
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		349.37
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		109.39
AU	Medicaid Trend Adjustment (IP%: 14.3869 %, OP%: 9.7176 %)		(10.63)
AV	Buy Back of Medicaid Trend Adjustment		10.63
AW			
AX			
AY	Final Prospective Rates		109.39



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, 2015 through June 30, 2016

101826 - 2015/07
Outpatient Rate: 71.30

Type of Control: Nonprofit (Church)
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Florida Hospital - Fish Memorial

Type of Action: Unaudited Cost Report

County: Volusia (64)
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	31,368,382.00	43,069,228.00	1,998,517.00	2,562,801.00	Total Bed Days	50,735
2. Routine	21,285,436.00		1,121,498.00		Total Inpatient Days	35,533
3. Special Care	6,810,029.00		509,309.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,174
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,352
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(906,456.91)	(656,540.09)	(55,324.81)	(39,066.91)	Medicaid Paid Claims	27,098
9. Total Cost	58,557,390.09	42,412,687.91	3,573,999.19	2,523,734.09	Property Rate Allowance	0.80
10. Charges	253,449,303.00	237,381,355.00	14,681,239.00	17,552,918.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		8,957,905.00		518,893.30	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,600.11	106.05	County Ceiling Base	906.58	181.93	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,028.48	111.36	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,523.15	188.09	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,523,734.09
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,523,734.09
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,646,304.96
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		27,098
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		97.66
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		115.28
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		97.66
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9209) for Volusia (64)		188.09
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		188.34
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		188.09
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		97.66
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		97.66
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		17,552,918.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		647.76
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		679.22
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		97.66
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(26.36)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		71.30



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, 2015 through June 30, 2016

101834 - 2015/07
Outpatient Rate: 82.13

Type of Control: Government
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

Bert Fish Memorial Hospital

Type of Action: Unaudited Cost Report

County: Volusia (64)
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	23,255,618.00	36,749,763.00	1,633,224.00	3,091,450.00	Total Bed Days	40,880
2. Routine	11,606,143.00		377,193.00		Total Inpatient Days	16,814
3. Special Care	4,215,342.00		316,185.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	743
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,242
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(425,594.19)	(400,246.81)	(25,339.35)	(33,669.41)	Medicaid Paid Claims	12,901
9. Total Cost	38,651,508.81	36,349,516.19	2,301,262.65	3,057,780.59	Property Rate Allowance	0.80
10. Charges	112,815,779.00	148,553,029.00	8,168,736.00	13,762,115.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		8,450,439.00		611,877.22	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,548.11	265.62	County Ceiling Base	906.58	181.93	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	954.26	108.66	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,523.15	188.09	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,057,780.59
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,057,780.59
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,155,711.42
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,901
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		244.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		112.49
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		112.49
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9209) for Volusia (64)		188.09
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		188.34
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		188.09
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		112.49
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		112.49
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		13,762,115.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,066.75
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,100.91
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		112.49
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(30.36)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		82.13



Florida Agency for Health Care Administration
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101842 - 2015/07

Outpatient Rate: 91.99

Type of Control: Government
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: CHEP

Halifax Health Medical Center

Type of Action: Unaudited Cost Report

County: Volusia (64)
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	115,388,583.00	116,428,942.00	11,047,580.00	5,958,348.00	Total Bed Days	179,580
2. Routine	67,078,953.00		10,103,816.00		Total Inpatient Days	121,074
3. Special Care	31,113,036.00		2,881,419.00		Total Newborn Days	7,313
4. Newborn Routine	4,724,351.00		2,503,974.00		Medicaid Inpatient Days	18,634
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,786
6. Home Health					Medicare Inpatient Days	38,535
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(3,246,756.01)	(1,731,597.99)	(394,670.34)	(88,615.97)	Medicaid Paid Claims	51,291
9. Total Cost	215,058,166.99	114,697,344.01	26,142,118.66	5,869,732.03	Property Rate Allowance	0.80
10. Charges	736,139,577.00	565,334,202.00	72,340,777.00	27,606,783.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		29,729,090.00		2,921,491.44	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,274.37		128.25	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,523.15	188.09	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,869,732.03
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,869,732.03
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		6,057,720.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		51,291
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		118.10
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		118.10
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9209) for Volusia (64)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		118.10
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	118.10	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	27,606,783.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	538.24	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	555.48	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	118.10	
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)	(31.04)	
AV	Exemption Tier Adj (IP%: 70.7683 %, OP%: 70.7683 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	4.92	
AX			
AY	Final Prospective Rates		91.99



Florida Agency for Health Care Administration
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101869 - 2015/07
Outpatient Rate: 74.52

Type of Control: Nonprofit (Church)
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Florida Hospital Memorial Medical Center

Type of Action: Unaudited Cost Report

County: Volusia (64)
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	67,133,949.00	67,500,034.00	4,814,662.00	2,717,584.00	Total Bed Days	144,540
2. Routine	40,594,704.00		3,623,303.00		Total Inpatient Days	66,566
3. Special Care	12,810,770.00		1,033,648.00		Total Newborn Days	3,165
4. Newborn Routine	1,607,871.00		1,014,516.00		Medicaid Inpatient Days	6,757
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	150
6. Home Health					Medicare Inpatient Days	31,178
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(1,743,421.01)	(963,434.99)	(149,669.61)	(38,788.36)	Medicaid Paid Claims	27,518
9. Total Cost	120,403,872.99	66,536,599.01	10,336,459.39	2,678,795.64	Property Rate Allowance	0.80
10. Charges	484,521,443.00	367,889,225.00	34,407,480.00	17,008,876.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		21,239,588.00		1,508,293.82	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,455.34	110.84	County Ceiling Base	906.58	181.93	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,077.53	113.30	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,523.15	188.09	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,678,795.64
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,678,795.64
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,808,897.42
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		27,518
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		102.07
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		117.29
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		102.07
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9209) for Volusia (64)		188.09
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		188.34
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		188.09
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		102.07
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		102.07
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		17,008,876.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		618.10
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		648.12
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		102.07
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(27.55)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		74.52



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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101877 - 2015/07
Outpatient Rate: 65.59

Type of Control: Nonprofit (Church)
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Florida Hospital DeLand
 Type of Action: Unaudited Cost Report

County: Volusia (64)
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	33,050,419.00	40,152,723.00	3,733,080.00	2,874,516.00	Total Bed Days	56,940
2. Routine	20,688,991.00		2,080,864.00		Total Inpatient Days	35,332
3. Special Care	7,078,458.00		676,576.00		Total Newborn Days	1,215
4. Newborn Routine	597,401.00		495,624.00		Medicaid Inpatient Days	4,142
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	64
6. Home Health					Medicare Inpatient Days	13,724
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(852,901.83)	(557,619.17)	(97,019.77)	(39,919.71)	Medicaid Paid Claims	33,087
9. Total Cost	60,562,367.17	39,595,103.83	6,889,124.23	2,834,596.29	Property Rate Allowance	0.80
10. Charges	259,343,089.00	234,308,263.00	24,916,646.00	20,223,596.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		8,211,139.00		788,893.37	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,651.43	97.55	County Ceiling Base	906.58	181.93	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,176.97	95.13	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,523.15	188.09	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,834,596.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,834,596.29
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,972,264.88
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		33,087
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		89.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		98.48
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		89.83
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9209) for Volusia (64)		188.09
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		188.34
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		188.09
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		89.83
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		89.83
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		20,223,596.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		611.22
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		640.91
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		89.83
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(24.25)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		65.59



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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101885 - 2015/07
Outpatient Rate: 60.68

Type of Control: Proprietary
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Rural Hospital

Healthmark Regional Medical Center

Type of Action: Unaudited Cost Report

County: Walton (66)
 District: 1

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,509,376.00	4,230,348.00	205,528.00	655,969.00	Total Bed Days	18,250
2. Routine	1,733,645.00		222,977.00		Total Inpatient Days	3,434
3. Special Care	851,749.00		91,211.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	428
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,302
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(221,174.94)	(228,498.06)	(28,071.94)	(35,431.52)	Medicaid Paid Claims	10,554
9. Total Cost	3,873,595.06	4,001,849.94	491,644.06	620,537.48	Property Rate Allowance	1.00
10. Charges	13,050,034.00	25,936,323.00	907,778.00	3,682,944.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		915,667.00		63,695.03	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,156.71	68.02	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,475.52	182.21	FPLI	0.8921

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	620,537.48
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		620,537.48
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		640,411.29
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		10,554
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		60.68
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		60.68
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8921) for Walton (66)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		60.68
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		60.68
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		3,682,944.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		348.96
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		360.14
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		60.68
AU	Medicaid Trend Adjustment (IP%: 10.4769 %, OP%: 8.0635 %)		(4.89)
AV	Buy Back of Medicaid Trend Adjustment		4.89
AW			
AX			
AY	Final Prospective Rates		60.68



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, 2015 through June 30, 2016

101893 - 2015/07
Outpatient Rate: 76.43

Type of Control: Nonprofit (Church)
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: Rural Hospital

Florida Hospital Flagler
 Type of Action: Unaudited Cost Report

County: Flagler (18)
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	23,354,215.00	42,029,816.00	1,316,397.00	2,129,932.00	Total Bed Days	36,135
2. Routine	17,835,062.00		1,114,157.00		Total Inpatient Days	30,636
3. Special Care	6,032,547.00		441,158.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,146
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,183
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(754,080.31)	(671,169.69)	(45,858.07)	(34,012.66)	Medicaid Paid Claims	28,752
9. Total Cost	46,467,743.69	41,358,646.31	2,825,853.93	2,095,919.34	Property Rate Allowance	1.00
10. Charges	221,105,806.00	246,582,301.00	13,209,593.00	15,678,477.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		9,507,406.00		568,003.92	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,179.03	81.69	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,547.63	191.11	FPLI	0.9357

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,095,919.34
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,095,919.34
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,197,712.41
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		28,752
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		76.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		76.44
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9357) for Flagler (18)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		76.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		76.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,678,477.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		545.30
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		571.78
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		76.44
AU	Medicaid Trend Adjustment (IP%: 10.4769 %, OP%: 8.0635 %)		(6.16)
AV	Buy Back of Medicaid Trend Adjustment		6.16
AW			
AX			
AY	Final Prospective Rates		76.43



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, 2015 through June 30, 2016

101907 - 2015/07
Outpatient Rate: 142.86

Type of Control: Proprietary
 Fiscal Year: 10/1/2013 - 12/31/2013
 Hospital Classification: Rural Hospital

Northwest Florida Community Hospital

Type of Action: Unaudited Cost Report

County: Washington (67)
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	496,124.00	2,825,437.00	57,135.00	488,351.00	Total Bed Days	2,300
2. Routine	603,269.00		41,266.00		Total Inpatient Days	712
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	63
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	447
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	(19,579.29)	(50,318.71)	(1,752.44)	(8,697.13)	Medicaid Paid Claims	3,490
9. Total Cost	1,079,813.71	2,775,118.29	96,648.56	479,653.87	Property Rate Allowance	1.00
10. Charges	3,459,867.00	12,261,644.00	392,708.00	2,125,265.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	326,727.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,274.15	165.56	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,427.22	176.24	FPLI	0.8629

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	479,653.87
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		479,653.87
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		498,590.61
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		3,490
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		142.86
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		142.86
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8629) for Washington (67)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		142.86
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	142.86	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		2,125,265.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		608.96
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		633.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		142.86
AU	Medicaid Trend Adjustment (IP%: 10.4769 %, OP%: 9.7176 %)		(13.88)
AV	Buy Back of Medicaid Trend Adjustment		13.88
AW			
AX			
AY	Final Prospective Rates		142.86



Florida Agency for Health Care Administration
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101915 - 2015/07
Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 9/1/2013 - 8/31/2014
 Hospital Classification: General

Kindred Hospital-South Florida-Hollywood

Type of Action: Unaudited Cost Report

County: Broward (6)
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	13,442,918.00	0.00	21,549.00	0.00	Total Bed Days	43,038
2. Routine	15,205,869.00		21,419.00		Total Inpatient Days	21,111
3. Special Care	2,700,831.00		20,888.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	46
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	1.0335088559
8. Adjustments	(493,546.00)	0.00	(1,005.30)	0.00	Medicaid Paid Claims	0
9. Total Cost	30,856,072.00	0.00	62,850.70	0.00	Property Rate Allowance	0.80
10. Charges	135,815,222.00	1,336.00	267,127.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	5,340,268.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,154.48	0.00	County Ceiling Base	1,014.06	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	734.83	0.00	Cost Report DRI Index	2.0890
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		0.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.53	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)	(5.00)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		14.53



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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101923 - 2015/07
Outpatient Rate: 170.27

Type of Control: Government
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Rural Hospital

Desoto Memorial Hospital

Type of Action: Unaudited Cost Report

County: Desoto (14)
 District: 8

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,318,604.00	13,330,052.00	1,725,934.00	1,998,293.00	Total Bed Days	17,885
2. Routine	4,044,451.00		708,949.00		Total Inpatient Days	6,035
3. Special Care	1,559,813.00		163,309.00		Total Newborn Days	803
4. Newborn Routine	368,930.00		359,742.00		Medicaid Inpatient Days	1,186
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	3,108
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(151,284.05)	(178,591.95)	(39,629.49)	(26,772.52)	Medicaid Paid Claims	11,950
9. Total Cost	11,140,513.95	13,151,460.05	2,918,304.51	1,971,520.48	Property Rate Allowance	1.00
10. Charges	35,080,778.00	60,062,414.00	6,237,494.00	7,216,136.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	3,157,888.00		561,484.34		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,941.35	161.17	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,747.27	215.76	FPLI	1.0564

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,971,520.48
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,971,520.48
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,034,661.91
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,950
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		170.26
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		170.26
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0564) for Desoto (14)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		170.26
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		170.26
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		7,216,136.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		603.86
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		623.20
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		170.26
AU	Medicaid Trend Adjustment (IP%: 10.4769 %, OP%: 9.7176 %)		(16.55)
AV	Buy Back of Medicaid Trend Adjustment		16.55
AW			
AX			
AY	Final Prospective Rates		170.27



Florida Agency for Health Care Administration
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101931 - 2015/07
Outpatient Rate: 75.00

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Memorial Hospital Jacksonville

Type of Action: Unaudited Cost Report

County: Duval (16)
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	97,408,444.00	70,741,878.00	7,921,630.00	5,183,268.00	Total Bed Days	152,570
2. Routine	67,333,473.00		6,392,475.00		Total Inpatient Days	107,135
3. Special Care	21,231,521.00		2,365,265.00		Total Newborn Days	3,396
4. Newborn Routine	1,127,319.00		562,323.00		Medicaid Inpatient Days	11,618
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	40,873
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(2,889,323.11)	(1,092,438.89)	(266,256.66)	(80,043.16)	Medicaid Paid Claims	51,614
9. Total Cost	184,211,433.89	69,649,439.11	16,975,436.34	5,103,224.84	Property Rate Allowance	0.80
10. Charges	1,517,262,295.00	836,490,639.00	120,233,844.00	74,101,360.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	30,655,067.00		2,429,228.33		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,324.77	104.62	County Ceiling Base	919.17	190.73	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	879.61	99.23	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,639.10	202.40	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,103,224.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,103,224.84
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		5,351,074.52
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		51,614
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		103.67
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		102.73
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		102.73
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9910) for Duval (16)		202.40
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.45
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.45
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		102.73
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		102.73
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		74,101,360.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,435.68
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,505.41
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		102.73
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(27.73)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		75.00



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101940 - 2015/07
Outpatient Rate: 116.29

Type of Control: Government
 Fiscal Year: 10/1/2008 - 9/30/2009
 Hospital Classification: Rural Hospital

Campbellton-Graceville Hospital

Type of Action: Unaudited Cost Report

County: Jackson (32)
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,148,070.00	1,933,335.00	27,439.00	267,754.00	Total Bed Days	9,125
2. Routine	817,007.00		22,352.00		Total Inpatient Days	821
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	29
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	705
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.2074944072
8. Adjustments	(27,605.46)	(27,159.54)	(699.47)	(3,761.42)	Medicaid Paid Claims	2,741
9. Total Cost	1,937,471.54	1,906,175.46	49,091.53	263,992.58	Property Rate Allowance	1.00
10. Charges	4,391,266.00	4,784,993.00	105,545.00	591,050.00	First Rate Semester in Effect	2011/01
11. Fixed Costs	244,489.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,911.57	135.99	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.7880
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,414.49	174.67	FPLI	0.8552

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	263,992.58
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		263,992.58
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		318,769.57
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		2,741
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		116.30
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		116.30
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8552) for Jackson (32)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		116.30
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	116.30	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		591,050.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		215.63
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		260.38
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		116.30
AU	Medicaid Trend Adjustment (IP%: 14.3869 %, OP%: 9.3416 %)		(10.86)
AV	Buy Back of Medicaid Trend Adjustment		10.86
AW			
AX			
AY	Final Prospective Rates		116.29



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, 2015 through June 30, 2016

101991 - 2015/07
Outpatient Rate: 90.40

Type of Control: Government
 Fiscal Year: 10/1/2012 - 9/30/2013
 Hospital Classification: General

Wiregrass Hospital
 Type of Action: Unaudited Cost Report

County: Out of State (69)
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,859,523.00	5,522,203.00	48,142.00	105,330.00	Total Bed Days	32,485
2. Routine	4,463,237.00		42,670.00		Total Inpatient Days	9,153
3. Special Care	811,542.00		22,773.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	213
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,602
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0531707317
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	565
9. Total Cost	8,134,302.00	5,522,203.00	113,585.00	105,330.00	Property Rate Allowance	0.80
10. Charges	13,564,113.00	17,349,210.00	182,751.00	291,991.00	First Rate Semester in Effect	2014/07
11. Fixed Costs		1,247,688.00		16,810.26	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	478.50	196.34	County Ceiling Base	983.27	197.56	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	294.45	119.61	Cost Report DRI Index	2.0500
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,653.98	204.24	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	105,330.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		105,330.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		110,930.47
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		565
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		196.34
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		123.82
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		123.82
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		204.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.24
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		123.82
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		123.82
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		291,991.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		516.80
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		544.28
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		123.82
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(33.42)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		90.40



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, 2015 through June 30, 2016

102016 - 2015/07
Outpatient Rate: 13.39

Type of Control: Proprietary
 Fiscal Year: 7/1/2012 - 6/30/2013
 Hospital Classification: General

Floral Memorial Hospital
 Type of Action: Unaudited Cost Report

County: Out of State (69)
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	526,459.00	1,436,337.00	0.00	130,715.00	Total Bed Days	8,030
2. Routine	1,507,294.00		9,724.00		Total Inpatient Days	316
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	3
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	229
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0578147967
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	870
9. Total Cost	2,033,753.00	1,436,337.00	9,724.00	130,715.00	Property Rate Allowance	0.80
10. Charges	1,622,884.00	1,860,343.00	0.00	139,094.00	First Rate Semester in Effect	2014/07
11. Fixed Costs	30,881.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	6,704.64	158.93	County Ceiling Base	983.27	197.56	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	388.08	17.71	Cost Report DRI Index	2.0410
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,653.98	204.24	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	130,715.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		130,715.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		138,272.26
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		870
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		158.93
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		18.33
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		18.33
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		204.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.24
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		18.33
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		18.33
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		139,094.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		159.88
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		169.12
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		18.33
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(4.95)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		13.39



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, 2015 through June 30, 2016

102024 - 2015/07
Outpatient Rate: 149.12

Type of Control: Government
 Fiscal Year: 10/1/2003 - 9/30/2004
 Hospital Classification: General

D.W.Mcmillan Memorial
 Type of Action: Unaudited Cost Report

County: Out of State (69)
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,731,169.00	8,304,111.00	15,818.00	25,698.00	Total Bed Days	33,672
2. Routine	4,860,258.00		13,170.00		Total Inpatient Days	11,947
3. Special Care	1,861,905.00		1,339.00		Total Newborn Days	750
4. Newborn Routine	256,537.00		10,946.00		Medicaid Inpatient Days	38
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	3
6. Home Health					Medicare Inpatient Days	5,975
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.4858912595
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	181
9. Total Cost	11,709,869.00	8,304,111.00	41,273.00	25,698.00	Property Rate Allowance	0.80
10. Charges	25,173,989.00	36,408,195.00	71,070.00	85,741.00	First Rate Semester in Effect	2005/07
11. Fixed Costs		968,439.00		0.00	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,257.04	210.96	County Ceiling Base	983.27	197.56	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	648.25	208.03	Cost Report DRI Index	1.4530
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,653.98	204.24	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	25,698.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		25,698.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		38,184.43
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		181
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		210.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		215.36
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		210.96
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		204.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.24
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		204.24
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	204.24	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		85,741.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		473.71
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		703.88
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		204.24
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(55.13)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		149.12



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, 2015 through June 30, 2016

102041 - 2015/07
Outpatient Rate: 53.67

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

Archbold Memorial Hospital

Type of Action: Unaudited Cost Report

County: Out of State (69)
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	55,005,424.00	81,877,997.00	9,979.00	18,162.00	Total Bed Days	96,360
2. Routine	36,001,646.00		2,868.00		Total Inpatient Days	56,214
3. Special Care	10,900,004.00		917,156.00		Total Newborn Days	1,684
4. Newborn Routine	477,485.00		567.00		Medicaid Inpatient Days	801
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	2
6. Home Health					Medicare Inpatient Days	25,070
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	255
9. Total Cost	102,384,559.00	81,877,997.00	930,570.00	18,162.00	Property Rate Allowance	0.80
10. Charges	314,778,878.00	396,804,111.00	51,378.00	61,560.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		18,751,106.00		3,060.54	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,192.05	73.50	County Ceiling Base	983.27	197.56	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	569.98	117.29	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,653.98	204.24	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	18,162.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		18,162.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		18,743.67
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		255
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		73.50
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		121.42
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		73.50
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		204.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.24
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		73.50
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		73.50
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		61,560.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		241.41
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		249.14
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		73.50
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(19.84)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		53.67



Florida Agency for Health Care Administration
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102067 - 2015/07
Outpatient Rate: 129.27

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

Southeast Alabama General

Type of Action: Unaudited Cost Report

County: Out of State (69)
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	76,950,292.00	90,436,860.00	8,530,544.00	6,200,760.00	Total Bed Days	153,300
2. Routine	52,386,930.00		7,396,685.00		Total Inpatient Days	95,409
3. Special Care	10,428,768.00		943,111.00		Total Newborn Days	3,586
4. Newborn Routine	1,416,938.00		1,073,568.00		Medicaid Inpatient Days	14,240
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	48,324
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	1,746
9. Total Cost	141,182,928.00	90,436,860.00	17,943,908.00	6,200,760.00	Property Rate Allowance	0.80
10. Charges	702,457,034.00	744,539,219.00	70,338,930.00	50,889,094.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		19,144,824.00		1,917,023.21	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,161.53	3,665.15	County Ceiling Base	983.27	197.56	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,274.26	171.03	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,653.98	204.24	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	6,200,760.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,200,760.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		6,399,350.31
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		1,746
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		3,665.15
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		177.06
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		177.06
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		204.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.24
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		177.06
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		177.06
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		50,889,094.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		29,146.10
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		30,079.56
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		177.06
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(47.79)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		129.27



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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102075 - 2015/07
Outpatient Rate: 77.40

Type of Control: Government
 Fiscal Year: 10/1/2011 - 9/30/2012
 Hospital Classification: General

South Georgia Medical Center

Type of Action: Unaudited Cost Report

County: Out of State (69)
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	85,778,937.00	109,143,070.00	6,402,670.00	100,323.00	Total Bed Days	139,080
2. Routine	46,434,941.00		7,647,167.00		Total Inpatient Days	81,149
3. Special Care	17,203,196.00		1,391,978.00		Total Newborn Days	5,411
4. Newborn Routine	3,510,103.00		330,188.00		Medicaid Inpatient Days	12,907
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	126
6. Home Health					Medicare Inpatient Days	34,589
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0725285643
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	1,015
9. Total Cost	152,927,177.00	109,143,070.00	15,772,003.00	100,323.00	Property Rate Allowance	0.80
10. Charges	390,376,641.00	381,727,078.00	28,782,061.00	284,806.00	First Rate Semester in Effect	2013/07
11. Fixed Costs		23,325,972.00		1,719,799.49	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,156.40	106.01	County Ceiling Base	983.27	197.56	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	746.89	104.54	Cost Report DRI Index	2.0130
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,653.98	204.24	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	100,323.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		100,323.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		107,599.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		1,015
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		106.01
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		108.22
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.01
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		204.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.24
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		106.01
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		106.01
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		284,806.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		280.60
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		300.95
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		106.01
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(28.61)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		77.40



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102091 - 2015/07
Outpatient Rate: 69.81

Type of Control: Proprietary
 Fiscal Year: 7/1/2012 - 6/30/2013
 Hospital Classification: General

Flowers Hospital
 Type of Action: Unaudited Cost Report

County: Out of State (69)
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	55,903,507.00	70,463,717.00	132,120.00	208,663.00	Total Bed Days	85,357
2. Routine	25,012,351.00		88,130.00		Total Inpatient Days	54,330
3. Special Care	9,260,969.00		31,373.00		Total Newborn Days	3,106
4. Newborn Routine	1,968,752.00		5,705.00		Medicaid Inpatient Days	192
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	9
6. Home Health					Medicare Inpatient Days	27,663
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0578147967
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	1,817
9. Total Cost	92,145,579.00	70,463,717.00	257,328.00	208,663.00	Property Rate Allowance	0.80
10. Charges	561,866,966.00	641,398,226.00	1,402,594.00	1,720,725.00	First Rate Semester in Effect	2014/07
11. Fixed Costs	11,914,097.00		29,741.28		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,197.73	121.48	County Ceiling Base	983.27	197.56	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	671.36	92.37	Cost Report DRI Index	2.0410
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,653.98	204.24	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	208,663.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		208,663.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		220,726.81
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		1,817
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		121.48
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		95.62
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		95.62
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		204.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.24
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		95.62
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		95.62
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		1,720,725.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		947.01
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,001.77
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		95.62
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(25.81)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		69.81



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102105 - 2015/07
Outpatient Rate: 83.48

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Palm Beach Gardens Medical Center

Type of Action: Unaudited Cost Report

County: Palm Beach (50)
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	64,325,592.00	39,109,661.00	1,996,799.00	929,989.00	Total Bed Days	72,635
2. Routine	28,760,400.00		842,991.00		Total Inpatient Days	44,859
3. Special Care	15,267,233.00		402,056.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,387
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	22,034
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	8,201
9. Total Cost	108,353,225.00	39,109,661.00	3,241,846.00	929,989.00	Property Rate Allowance	0.80
10. Charges	593,500,697.00	299,135,173.00	18,316,876.00	7,472,664.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	9,514,298.00		293,634.39		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,174.26	116.00	County Ceiling Base	1,054.35	202.52	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,261.13	110.45	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.50	209.37	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	929,989.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		929,989.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		975,156.02
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,201
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		118.91
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		114.34
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		114.34
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		209.37
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		209.66
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		209.37
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		114.34
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		114.34
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		7,472,664.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		911.19
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		955.44
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		114.34
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(30.86)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		83.48



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102121 - 2015/07
Outpatient Rate: 52.84

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

Grady General Hospital
 Type of Action: Unaudited Cost Report

County: Out of State (69)
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	3,390,900.00	10,491,071.00	328,674.00	566,543.00	Total Bed Days	16,790
2. Routine	3,700,501.00		326,077.00		Total Inpatient Days	3,442
3. Special Care	542,334.00		22,343.00		Total Newborn Days	333
4. Newborn Routine	693,340.00		241,524.00		Medicaid Inpatient Days	564
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	116
6. Home Health					Medicare Inpatient Days	1,358
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	15
9. Total Cost	8,327,075.00	10,491,071.00	918,618.00	566,543.00	Property Rate Allowance	0.80
10. Charges	17,815,845.00	42,359,722.00	1,224,312.00	1,818,853.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		1,535,805.00		105,541.13	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,234.00	38,979.17	County Ceiling Base	983.27	197.56	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	547.81	69.91	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,653.98	204.24	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	566,543.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		566,543.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		584,687.54
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		38,979.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		72.37
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		72.37
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		204.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.24
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		72.37
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		72.37
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		1,818,853.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		121,256.87
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		125,140.33
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		72.37
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(19.53)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		52.84



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102130 - 2015/07
Outpatient Rate: 97.78

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: CHEP

Wellington Regional Medical Center

Type of Action: Unaudited Cost Report

County: Palm Beach (50)
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	46,349,203.00	33,277,666.00	6,072,195.00	2,942,267.00	Total Bed Days	78,753
2. Routine	30,648,892.00		3,749,334.00		Total Inpatient Days	49,912
3. Special Care	11,174,586.00		3,510,872.00		Total Newborn Days	4,118
4. Newborn Routine	1,617,611.00		717,271.00		Medicaid Inpatient Days	8,547
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,826
6. Home Health					Medicare Inpatient Days	10,891
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	22,086
9. Total Cost	89,790,292.00	33,277,666.00	14,049,672.00	2,942,267.00	Property Rate Allowance	0.80
10. Charges	533,257,018.00	280,974,324.00	74,218,493.00	23,182,052.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		17,176,388.00		2,390,602.64	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,149.71	136.27	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.50	209.37	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,942,267.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,942,267.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,085,164.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,086
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		139.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		139.69
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		139.69
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		139.69
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		23,182,052.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,049.63
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,100.60
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		139.69
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(37.70)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(4.20)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		97.78



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102164 - 2015/07
Outpatient Rate: 14.53

Type of Control: Nonprofit (Church)
 Fiscal Year: 10/1/1991 - 9/30/1992
 Hospital Classification: General

Mizell Memorial Hospital
 Type of Action: Unaudited Cost Report

County: Out of State (69)
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,230,788.00	1,378,151.00	116,970.00	0.00	Total Bed Days	36,234
2. Routine	1,912,181.00		71,237.00		Total Inpatient Days	8,627
3. Special Care	450,573.00		15,423.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	274
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,763
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	2.1808080808
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	4,593,542.00	1,378,151.00	203,630.00	0.00	Property Rate Allowance	0.80
10. Charges	8,234,531.00	3,939,741.00	375,492.00	0.00	First Rate Semester in Effect	2014/07
11. Fixed Costs	737,605.00		33,634.55		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,353.02	0.00	County Ceiling Base	0.00	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	0.00	0.00	Cost Report DRI Index	0.9900
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,653.98	204.24	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.53
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)		(5.00)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		14.53



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102199 - 2015/07
Outpatient Rate: 64.87

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2012 - 9/30/2013
 Hospital Classification: General

Citrus Memorial Hospital
 Type of Action: Unaudited Cost Report

County: Citrus (9)
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	50,972,205.00	43,602,856.00	2,875,814.00	2,552,265.00	Total Bed Days	72,270
2. Routine	29,035,494.00		1,722,627.00		Total Inpatient Days	44,245
3. Special Care	8,556,755.00		679,128.00		Total Newborn Days	1,106
4. Newborn Routine	707,002.00		485,822.00		Medicaid Inpatient Days	3,586
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	19
6. Home Health					Medicare Inpatient Days	23,930
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0531707317
8. Adjustments	(1,925,700.25)	(940,569.75)	(124,323.76)	(55,055.64)	Medicaid Paid Claims	29,598
9. Total Cost	87,345,755.75	42,662,286.25	5,639,067.24	2,497,209.36	Property Rate Allowance	0.80
10. Charges	432,697,171.00	295,695,519.00	26,027,092.00	14,091,691.00	First Rate Semester in Effect	2014/07
11. Fixed Costs		12,167,714.00		731,898.04	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,613.13	99.99	County Ceiling Base	1,487.71	173.03	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	921.69	87.62	Cost Report DRI Index	2.0500
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,469.89	181.51	FPLI	0.8887

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,497,209.36
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,497,209.36
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,629,987.81
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		29,598
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		88.86
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		90.71
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		88.86
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8887) for Citrus (9)		181.51
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		179.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		179.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		88.86
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		88.86
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		14,091,691.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		476.10
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		501.42
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		88.86
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(23.98)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		64.87



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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102202 - 2015/07
Outpatient Rate: 60.13

Type of Control: Nonprofit (Other)
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Cleveland Clinic Hospital
 Type of Action: Unaudited Cost Report

County: Broward (6)
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	62,632,197.00	63,886,254.00	690,603.00	218,231.00	Total Bed Days	56,575
2. Routine	35,101,885.00		846,905.00		Total Inpatient Days	44,290
3. Special Care	12,998,918.00		220,479.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,147
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,123
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(1,765,649.73)	(1,018,673.27)	(28,031.29)	(3,479.72)	Medicaid Paid Claims	2,734
9. Total Cost	108,967,350.27	62,867,580.73	1,729,955.71	214,751.28	Property Rate Allowance	0.80
10. Charges	485,067,866.00	431,778,234.00	6,440,850.00	1,014,627.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	8,317,187.00		110,437.65		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,368.33	76.12	County Ceiling Base	1,014.06	213.76	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	2,025.28	81.07	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	214,751.28
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		214,751.28
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		225,181.17
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,734
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		82.36
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		83.93
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		82.36
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		220.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		221.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		220.99
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		82.36
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		82.36
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		1,014,627.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		371.11
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		389.14
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		82.36
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(22.23)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		60.13



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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102229 - 2015/07
Outpatient Rate: 103.48

Type of Control: Government
 Fiscal Year: 5/1/2013 - 4/30/2014
 Hospital Classification: Special-Public

Memorial Hospital Pembroke

Type of Action: Unaudited Cost Report

County: Broward (6)
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,417,084.00	53,675,760.00	4,191,940.00	3,760,004.00	Total Bed Days	109,865
2. Routine	26,643,053.00		2,737,982.00		Total Inpatient Days	24,809
3. Special Care	9,867,847.00		1,403,259.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	3,387
5. Intern-Resident	585,950.00		60,204.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,408
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0419884170
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	26,742
9. Total Cost	66,513,934.00	53,675,760.00	8,393,385.00	3,760,004.00	Property Rate Allowance	0.80
10. Charges	321,875,884.00	368,790,481.00	44,354,333.00	20,515,626.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		17,433,866.00		2,402,377.86	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,703.41	135.40	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0720
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,760,004.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,760,004.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,917,880.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		26,742
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		146.51
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		146.51
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		146.51
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		146.51
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		20,515,626.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		767.17
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		799.38
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		146.51
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(39.54)
AV	Exemption Tier Adj (IP%: 70.7683 %, OP%: 70.7683 %)		(7.68)
AW	Buy Back of Medicaid Trend Adjustment		4.20
AX			
AY	Final Prospective Rates		103.48



Florida Agency for Health Care Administration
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102261 - 2015/07
Outpatient Rate: 179.09

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: Special

Homestead Hospital
 Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	47,667,431.00	94,153,997.00	11,961,979.00	13,675,981.00	Total Bed Days	51,830
2. Routine	55,500,093.00		12,009,590.00		Total Inpatient Days	32,393
3. Special Care	16,497,381.00		2,242,425.00		Total Newborn Days	4,608
4. Newborn Routine	3,282,632.00		2,070,176.00		Medicaid Inpatient Days	6,343
5. Intern-Resident	969,505.00		146,647.00		Medicaid Newborn IP Days	75
6. Home Health					Medicare Inpatient Days	5,041
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(1,248,817.80)	(948,870.20)	(286,521.61)	(137,824.53)	Medicaid Paid Claims	52,749
9. Total Cost	122,668,224.20	93,205,126.80	28,144,295.39	13,538,156.47	Property Rate Allowance	0.80
10. Charges	422,423,354.00	452,517,807.00	75,736,775.00	53,579,386.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		20,789,766.00		3,727,421.35	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	3,259.14	219.87	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	13,538,156.47
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		13,538,156.47
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		13,971,739.87
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		52,749
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		264.87
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		264.87
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		264.87
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		264.87
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		53,579,386.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,015.74
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,048.27
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		264.87
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(71.49)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(14.29)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		179.09



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102288 - 2015/07
Outpatient Rate: 59.61

Type of Control: Proprietary
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: Special

Heart Of Florida Hospital
 Type of Action: Unaudited Cost Report

County: Polk (53)
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	37,895,564.00	35,217,624.00	4,843,260.00	2,747,984.00	Total Bed Days	70,445
2. Routine	20,633,845.00		2,054,208.00		Total Inpatient Days	35,055
3. Special Care	5,989,914.00		196,323.00		Total Newborn Days	2,329
4. Newborn Routine	2,377,724.00		1,923,413.00		Medicaid Inpatient Days	3,574
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	67
6. Home Health					Medicare Inpatient Days	13,548
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(1,181,606.19)	(622,050.81)	(159,271.37)	(48,537.79)	Medicaid Paid Claims	34,157
9. Total Cost	65,715,440.81	34,595,573.19	8,857,932.63	2,699,446.21	Property Rate Allowance	0.80
10. Charges	700,543,312.00	528,659,084.00	67,203,907.00	42,541,686.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		9,078,479.00		870,908.69	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,413.93	86.97	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,559.37	192.56	FPLI	0.9428

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,699,446.21
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,699,446.21
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,800,626.80
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		34,157
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		81.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		81.99
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9428) for Polk (53)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		81.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		81.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		42,541,686.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,245.47
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,292.16
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		81.99
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(22.13)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(0.26)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		59.61



Florida Agency for Health Care Administration
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102300 - 2015/07
Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 9/1/2013 - 8/31/2014
 Hospital Classification: General

Kindred Hospital Central Tampa

Type of Action: Unaudited Cost Report

County: Hillsborough (29)
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	14,850,654.00	0.00	70,421.00	0.00	Total Bed Days	37,230
2. Routine	14,473,805.00		113,996.00		Total Inpatient Days	21,178
3. Special Care	3,087,105.00		9,271.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	157
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,816
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0335088559
8. Adjustments	(517,565.00)	0.00	(3,092.91)	0.00	Medicaid Paid Claims	0
9. Total Cost	31,893,999.00	0.00	190,595.09	0.00	Property Rate Allowance	0.80
10. Charges	143,800,783.00	0.00	779,603.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	6,475,781.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,326.81	0.00	County Ceiling Base	972.81	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	777.32	0.00	Cost Report DRI Index	2.0890
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,546.31	190.95	FPLI	0.9349

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9349) for Hillsborough (29)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		0.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.53	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)	(5.00)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		14.53



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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102326 - 2015/07
Outpatient Rate: 67.65

Type of Control: Nonprofit (Church)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

Baptist Medical Center - Beaches

Type of Action: Unaudited Cost Report

County: Duval (16)
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	30,122,930.00	38,078,047.00	1,876,702.00	1,412,960.00	Total Bed Days	49,640
2. Routine	28,560,672.00		1,355,606.00		Total Inpatient Days	29,169
3. Special Care	0.00		0.00		Total Newborn Days	2,588
4. Newborn Routine	470,804.00		105,514.00		Medicaid Inpatient Days	1,532
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	8
6. Home Health					Medicare Inpatient Days	13,649
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(794,906.75)	(511,686.25)	(44,853.08)	(18,987.11)	Medicaid Paid Claims	14,221
9. Total Cost	58,359,499.25	37,566,360.75	3,292,968.92	1,393,972.89	Property Rate Allowance	0.80
10. Charges	256,545,940.00	259,596,408.00	13,567,844.00	9,603,377.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		7,385,602.00		390,599.42	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,962.68	102.08	County Ceiling Base	919.17	190.73	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,069.72	89.51	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,639.10	202.40	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,393,972.89
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,393,972.89
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,438,617.33
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		14,221
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		101.16
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		92.66
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		92.66
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9910) for Duval (16)		202.40
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.45
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.45
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		92.66
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		92.66
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		9,603,377.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		675.30
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		696.92
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		92.66
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(25.01)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		67.65



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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102334 - 2015/07
Outpatient Rate: 41.08

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2012 - 9/30/2013
 Hospital Classification: General

Atmore Community Hospital

Type of Action: Unaudited Cost Report

County: Out of State (69)
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,157,908.00	6,310,264.00	14,721.00	38,340.00	Total Bed Days	17,885
2. Routine	2,723,201.00		24,836.00		Total Inpatient Days	4,714
3. Special Care	1,335,953.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	34
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	1.0531707317
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	731
9. Total Cost	6,217,062.00	6,310,264.00	39,557.00	38,340.00	Property Rate Allowance	0.80
10. Charges	26,998,370.00	57,690,333.00	193,468.00	325,192.00	First Rate Semester in Effect	2014/07
11. Fixed Costs	844,866.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,200.22	55.24	County Ceiling Base	983.27	197.56	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	647.95	54.47	Cost Report DRI Index	2.0500
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,653.98	204.24	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	38,340.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		38,340.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		40,378.57
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		731
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		55.24
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		56.39
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		55.24
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		204.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.24
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		55.24
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	55.24	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		325,192.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		444.86
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		468.51
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		55.24
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)		(14.15)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		41.08



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, 2015 through June 30, 2016

102342 - 2015/07
Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 9/1/2013 - 8/31/2014
 Hospital Classification: General

Kindred Hospital-Bay Area-Tampa

Type of Action: Unaudited Cost Report

County: Hillsborough (29)
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	11,068,798.00	0.00	41,182.00	0.00	Total Bed Days	26,645
2. Routine	9,419,805.00		40,642.00		Total Inpatient Days	17,202
3. Special Care	2,189,185.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	68
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	1.0335088559
8. Adjustments	(434,880.00)	0.00	(1,569.10)	0.00	Medicaid Paid Claims	0
9. Total Cost	22,242,908.00	0.00	80,254.90	0.00	Property Rate Allowance	0.80
10. Charges	115,530,116.00	0.00	385,956.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	1,854,791.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,310.23	0.00	County Ceiling Base	972.81	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	707.50	0.00	Cost Report DRI Index	2.0890
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,546.31	190.95	FPLI	0.9349

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9349) for Hillsborough (29)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.53	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)	(5.00)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		14.53



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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102369 - 2015/07
Outpatient Rate: 87.41

Type of Control: Proprietary
 Fiscal Year: 1/1/2010 - 12/31/2010
 Hospital Classification: General

Smith Hospital
 Type of Action: Unaudited Cost Report

County: Out of State (69)
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,143,394.00	19,249,378.00	431,785.00	9,553.00	Total Bed Days	14,965
2. Routine	3,398,264.00		240,109.00		Total Inpatient Days	9,050
3. Special Care	2,165,046.00		96,458.00		Total Newborn Days	1,217
4. Newborn Routine	1,143,483.00		43,221.00		Medicaid Inpatient Days	633
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	2
6. Home Health					Medicare Inpatient Days	4,793
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.1405176968
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	91
9. Total Cost	18,850,187.00	19,249,378.00	811,573.00	9,553.00	Property Rate Allowance	0.80
10. Charges	64,559,751.00	84,883,770.00	2,569,975.00	27,503.00	First Rate Semester in Effect	2012/07
11. Fixed Costs	3,958,704.00		157,586.89		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,174.62	119.73	County Ceiling Base	983.27	197.56	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	418.49	118.07	Cost Report DRI Index	1.8930
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,653.98	204.24	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	9,553.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		9,553.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		10,895.37
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		91
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.73
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		122.23
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		119.73
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		204.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.24
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		119.73
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		119.73
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		27,503.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		302.23
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		344.70
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		119.73
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(32.32)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		87.41



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102407 - 2015/07
Outpatient Rate: 14.53

Type of Control: Nonprofit (Church)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

St. Anthony's Rehabilitation Hospital

Type of Action: Unaudited Cost Report

County: Broward (6)
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,398,774.00	289,276.00	328,388.00	0.00	Total Bed Days	9,490
2. Routine	6,030,899.00		516,091.00		Total Inpatient Days	6,953
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	595
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	3,622
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(145,352.25)	(3,678.75)	(10,739.32)	0.00	Medicaid Paid Claims	0
9. Total Cost	11,284,320.75	285,597.25	833,739.68	0.00	Property Rate Allowance	0.80
10. Charges	22,671,044.00	604,509.00	1,833,365.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		1,086,162.00		87,835.89	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,195.72	0.00	County Ceiling Base	1,014.06	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	718.06	0.00	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.53
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)		(5.00)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		14.53



Florida Agency for Health Care Administration
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102474 - 2015/07
Outpatient Rate: 14.53

Type of Control: Government
 Fiscal Year: 10/1/1994 - 9/30/1995
 Hospital Classification: General

South Baldwin Hospital
 Type of Action: Unaudited Cost Report

County: Out of State (69)
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,868,885.00	5,636,580.00	241,995.00	0.00	Total Bed Days	31,390
2. Routine	5,107,846.00		225,019.00		Total Inpatient Days	17,535
3. Special Care	1,254,569.00		20,300.00		Total Newborn Days	727
4. Newborn Routine	134,013.00		9,464.00		Medicaid Inpatient Days	799
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	10
6. Home Health					Medicare Inpatient Days	10,561
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	2.0027829314
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	12,365,313.00	5,636,580.00	496,778.00	0.00	Property Rate Allowance	0.80
10. Charges	20,516,190.00	13,901,052.00	847,097.00	0.00	First Rate Semester in Effect	1996/07
11. Fixed Costs		847,729.00		35,002.05	Last Rate Semester in Effect	2015/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,143.19	0.00	County Ceiling Base	0.00	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	0.00	0.00	Cost Report DRI Index	1.0780
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,653.98	204.24	FPLI	1.0000

Rate Calculations		
	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)	0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.53
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)	(5.00)
AV	Buy Back of Medicaid Trend Adjustment	0.00
AW		
AX		
AY	Final Prospective Rates	14.53



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, 2015 through June 30, 2016

102521 - 2015/07
Outpatient Rate: 122.21

Memorial Hospital West

Type of Control: Government

County: Broward (6)

Fiscal Year: 5/1/2013 - 4/30/2014

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	106,885,005.00	123,600,696.00	16,205,589.00	10,696,355.00	Total Bed Days	140,160
2. Routine	77,707,750.00		8,704,221.00		Total Inpatient Days	86,425
3. Special Care	14,849,294.00		1,289,700.00		Total Newborn Days	13,418
4. Newborn Routine	6,553,937.00		3,163,646.00		Medicaid Inpatient Days	11,095
5. Intern-Resident	1,183,429.00		132,533.00		Medicaid Newborn IP Days	5,715
6. Home Health					Medicare Inpatient Days	19,727
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0419884170
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	65,464
9. Total Cost	207,179,415.00	123,600,696.00	29,495,689.00	10,696,355.00	Property Rate Allowance	0.80
10. Charges	1,151,356,054.00	1,060,219,696.00	151,359,760.00	68,377,277.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	36,815,258.00		4,839,813.54		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,412.50		157.35	County Ceiling Base	1,014.06	213.76
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,069.09	129.70	Cost Report DRI Index	2.0720
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	10,696,355.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	10,696,355.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		11,145,478.01
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		65,464
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		170.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		170.25
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		170.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		170.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		68,377,277.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,044.50
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,088.36
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		170.25
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(45.95)
AV	Exemption Tier Adjustment (IP%: 0.0000 %, OP%: 70.7683 %)		(7.68)
AW	Buy Back of Medicaid Trend Adjustment		5.59
AX			
AY	Final Prospective Rates		122.21



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, 2015 through June 30, 2016

102539 - 2015/07
Outpatient Rate: 49.60

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Englewood Community Hospital

Type of Action: Unaudited Cost Report

County: Sarasota (58)
 District: 8

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,575,250.00	12,811,250.00	420,041.00	540,962.00	Total Bed Days	36,500
2. Routine	10,117,200.00		370,525.00		Total Inpatient Days	10,871
3. Special Care	2,306,756.00		87,417.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	436
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,656
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(313,719.69)	(174,751.31)	(11,976.09)	(7,378.97)	Medicaid Paid Claims	4,078
9. Total Cost	22,685,486.31	12,636,498.69	866,006.91	533,583.03	Property Rate Allowance	0.80
10. Charges	169,644,399.00	136,975,802.00	6,219,954.00	6,484,535.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		3,017,027.00		110,618.27	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,846.98	139.49	County Ceiling Base	985.62	192.01	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	842.16	65.62	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,626.86	200.89	FPLI	0.9836

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	533,583.03
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		533,583.03
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		559,497.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		4,078
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		137.20
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		67.93
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		67.93
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9836) for Sarasota (58)		200.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		198.78
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		198.78
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		67.93
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		67.93
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		6,484,535.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,590.13
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,667.35
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		67.93
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(18.34)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		49.60



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, 2015 through June 30, 2016

102555 - 2015/07
Outpatient Rate: 57.34

Type of Control: Government
 Fiscal Year: 5/1/2009 - 4/30/2010
 Hospital Classification: General

Southeast Georgia Medical Center

Type of Action: Unaudited Cost Report

County: Out of State (69)
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	58,033,527.00	51,461,127.00	4,164,305.00	7,564.00	Total Bed Days	115,340
2. Routine	29,189,214.00		2,523,270.00		Total Inpatient Days	56,205
3. Special Care	7,315,996.00		469,750.00		Total Newborn Days	3,372
4. Newborn Routine	2,153,977.00		206,326.00		Medicaid Inpatient Days	4,978
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	323
6. Home Health					Medicare Inpatient Days	25,575
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.1733695652
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	113
9. Total Cost	96,692,714.00	51,461,127.00	7,363,651.00	7,564.00	Property Rate Allowance	0.80
10. Charges	268,135,034.00	205,214,093.00	20,742,601.00	26,511.00	First Rate Semester in Effect	2011/01
11. Fixed Costs		13,138,604.00		1,016,386.47	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,404.96	78.54	County Ceiling Base	983.27	197.56	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	779.94	77.45	Cost Report DRI Index	1.8400
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,653.98	204.24	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	7,564.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		7,564.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		8,875.37
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		113
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		78.54
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		80.18
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		78.54
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		204.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.24
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		78.54
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		78.54
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		26,511.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		234.61
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		275.28
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		78.54
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(21.20)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		57.34



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, 2015 through June 30, 2016

102598 - 2015/07
Outpatient Rate: 93.71

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Edward White Hospital
 Type of Action: Unaudited Cost Report

County: Pinellas (52)
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,620,072.00	14,039,025.00	711,107.00	460,695.00	Total Bed Days	35,722
2. Routine	8,236,720.00		412,322.00		Total Inpatient Days	11,104
3. Special Care	3,204,415.00		208,829.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	616
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,871
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(411,705.63)	(205,976.37)	(19,546.49)	(6,759.18)	Medicaid Paid Claims	3,596
9. Total Cost	27,649,501.37	13,833,048.63	1,312,711.51	453,935.82	Property Rate Allowance	0.80
10. Charges	198,413,773.00	129,146,272.00	7,918,744.00	6,566,229.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	3,988,421.00		159,178.89		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,075.21	139.89	County Ceiling Base	970.78	186.93	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,045.41	123.99	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,565.00	193.25	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	453,935.82
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		453,935.82
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		475,982.24
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,596
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		132.36
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		128.36
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		128.36
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)		193.25
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.25
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		128.36
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		128.36
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		6,566,229.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,825.98
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,914.66
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		128.36
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(34.64)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		93.71



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, 2015 through June 30, 2016

102601 - 2015/07
Outpatient Rate: 113.88

Type of Control: Nonprofit (Church)
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: Rural Hospital

Florida Hospital Wauchula
 Type of Action: Unaudited Cost Report

County: Hardee (25)
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,261,468.00	9,114,412.00	19,576.00	1,502,994.00	Total Bed Days	9,125
2. Routine	544,404.00		11,812.00		Total Inpatient Days	1,326
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	23
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	752
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(55,775.73)	(181,178.27)	(623.94)	(29,876.84)	Medicaid Paid Claims	13,565
9. Total Cost	2,750,096.27	8,933,233.73	30,764.06	1,473,117.16	Property Rate Allowance	1.00
10. Charges	19,107,425.00	49,818,038.00	171,255.00	10,312,231.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		667,114.00		0.00	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)			Inflation / FPLI Data (H)		
			IP (G)	OP (G)			
1. Normalized Rate	1,683.02	116.35	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,618.75	199.89	FPLI	0.9787

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,473,117.16
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		1,473,117.16
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,544,662.43
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		13,565
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		113.87
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		113.87
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9787) for Hardee (25)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		113.87
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	113.87	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		10,312,231.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		760.21
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		797.13
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		113.87
AU	Medicaid Trend Adjustment (IP%: 10.4769 %, OP%: 9.7176 %)		(11.07)
AV	Buy Back of Medicaid Trend Adjustment		11.07
AW			
AX			
AY	Final Prospective Rates		113.88



Florida Agency for Health Care Administration
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 Computation of Hospital Prospective Payment Rates
 For Rate Semester July 01, 2015 through June 30, 2016

102610 - 2015/07
Outpatient Rate: 14.53

Type of Control: Government

A.G. Holley State Hospital

County: Palm Beach (50)

Fiscal Year: 7/1/2009 - 6/30/2010

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: Specialized: Tuberculosis

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	945,639.00	0.00	170,892.00	0.00	Total Bed Days	36,500
2. Routine	9,929,562.00		1,794,440.00		Total Inpatient Days	12,622
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,281
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	587
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.1626278945
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	10,875,201.00	0.00	1,965,332.00	0.00	Property Rate Allowance	0.80
10. Charges	10,875,201.00	0.00	1,965,332.00	0.00	First Rate Semester in Effect	2011/07
11. Fixed Costs	318,102.00		57,486.39		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	948.62	0.00	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.8570
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.50	209.37	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.53
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)		(5.00)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		14.53



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, 2015 through June 30, 2016

102679 - 2015/07
Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 9/1/2013 - 8/31/2014
 Hospital Classification: General

Kindred Hosp. - North Fla
 Type of Action: Unaudited Cost Report

County: Clay (10)
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,095,714.00	9,063.00	6,499.00	0.00	Total Bed Days	29,200
2. Routine	13,392,563.00		14,399.00		Total Inpatient Days	20,752
3. Special Care	2,452,531.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	20
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,058
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0335088559
8. Adjustments	(558,252.48)	(163.52)	(377.05)	0.00	Medicaid Paid Claims	0
9. Total Cost	30,382,555.52	8,899.48	20,520.95	0.00	Property Rate Allowance	0.80
10. Charges	139,196,833.00	87,361.00	83,693.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	6,088,801.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,325.34	0.00	County Ceiling Base	911.02	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	622.52	0.00	Cost Report DRI Index	2.0890
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,509.92	186.45	FPLI	0.9129

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9129) for Clay (10)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		0.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.53	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)	(5.00)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		14.53



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, 2015 through June 30, 2016

102687 - 2015/07
Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 1/1/2012 - 12/31/2012
 Hospital Classification: General

HealthSouth Rehab - Dothan

Type of Action: Unaudited Cost Report

County: Out of State (69)
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,595,804.00	131,417.00	0.00	0.00	Total Bed Days	14,274
2. Routine	5,530,760.00		0.00		Total Inpatient Days	13,485
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	119
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,355
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0709325397
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	10,126,564.00	131,417.00	0.00	0.00	Property Rate Allowance	0.80
10. Charges	20,411,751.00	583,541.00	0.00	0.00	First Rate Semester in Effect	2014/07
11. Fixed Costs	880,253.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	734.31	0.00	County Ceiling Base	983.27	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	575.66	0.00	Cost Report DRI Index	2.0160
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,653.98	204.24	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	0.00	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.53	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)	(5.00)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		14.53



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, 2015 through June 30, 2016

102709 - 2015/07
Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

HealthSouth Rehabilitation Hospital of Miami

Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,431,542.00	0.00	326,399.00	0.00	Total Bed Days	21,900
2. Routine	10,606,958.00		512,430.00		Total Inpatient Days	15,780
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	775
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,214
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(346,880.00)	0.00	(17,077.38)	0.00	Medicaid Paid Claims	0
9. Total Cost	16,691,620.00	0.00	821,751.62	0.00	Property Rate Allowance	0.80
10. Charges	28,678,852.00	0.00	1,435,870.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	2,046,532.00		102,464.14		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	807.83	0.00	County Ceiling Base	1,051.21	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	481.08	0.00	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.53
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)		(5.00)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		14.53



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, 2015 through June 30, 2016

102717 - 2015/07
Outpatient Rate: 45.11

Type of Control: Nonprofit (Other)
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Brooks Rehabilitation Hospital

Type of Action: Unaudited Cost Report

County: Duval (16)
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	32,177,940.00	8,771,334.00	1,276,481.00	2,379,551.00	Total Bed Days	57,305
2. Routine	31,298,676.00		1,790,868.00		Total Inpatient Days	47,013
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,690
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	29,894
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(958,670.82)	(132,471.18)	(46,325.37)	(35,937.74)	Medicaid Paid Claims	39,723
9. Total Cost	62,517,945.18	8,638,862.82	3,021,023.63	2,343,613.26	Property Rate Allowance	0.80
10. Charges	144,649,763.00	39,432,654.00	7,100,140.00	5,571,635.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		7,557,245.00		370,947.70	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,042.39	62.43	County Ceiling Base	919.17	190.73	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	727.56	59.68	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,639.10	202.40	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,343,613.26
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,343,613.26
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,457,436.15
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		39,723
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		61.86
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		61.78
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		61.78
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9910) for Duval (16)		202.40
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.45
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.45
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		61.78
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		61.78
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		5,571,635.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		140.26
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		147.07
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		61.78
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(16.68)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		45.11



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, 2015 through June 30, 2016

102750 - 2015/07
Outpatient Rate: 37.07

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

HealthSouth Emerald Coast Rehabilitation Hospital

Type of Action: Unaudited Cost Report

County: Bay (3)
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,629,255.00	216,727.00	154,331.00	6,963.00	Total Bed Days	27,375
2. Routine	9,374,461.00		183,413.00		Total Inpatient Days	20,006
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	392
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,109
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(352,519.41)	(4,243.59)	(6,613.15)	(136.34)	Medicaid Paid Claims	141
9. Total Cost	17,651,196.59	212,483.41	331,130.85	6,826.66	Property Rate Allowance	0.80
10. Charges	34,308,066.00	863,168.00	634,894.00	16,891.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	1,143,209.00		21,155.86		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	925.50	56.67	County Ceiling Base	958.47	172.14	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	519.28	61.05	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,481.80	182.98	FPLI	0.8959

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	6,826.66
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,826.66
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		7,158.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		141
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		50.77
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		63.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		50.77
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8959) for Bay (3)		182.98
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		178.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		178.21
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		50.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		50.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		16,891.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		119.79
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		125.61
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		50.77
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(13.70)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		37.07



Florida Agency for Health Care Administration
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102768 - 2015/07
Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 9/1/2013 - 8/31/2014
 Hospital Classification: Special

Kindred Hospital-Bay Area-St Petersburg

Type of Action: Unaudited Cost Report

County: Pinellas (52)
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	11,957,740.00	0.00	68,216.00	0.00	Total Bed Days	29,930
2. Routine	11,030,984.00		92,130.00		Total Inpatient Days	16,099
3. Special Care	2,928,812.00		6,138.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	119
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	1.0335088559
8. Adjustments	(415,319.00)	0.00	(2,667.85)	0.00	Medicaid Paid Claims	0
9. Total Cost	25,502,217.00	0.00	163,816.16	0.00	Property Rate Allowance	0.80
10. Charges	125,750,519.00	0.00	747,389.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	5,263,870.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,373.12	0.00	County Ceiling Base	970.78	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	641.20	0.00	Cost Report DRI Index	2.0890
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,565.00	193.25	FPLI	0.9462

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	0.00	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.53	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)	(5.00)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		14.53



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 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
 For Rate Semester July 01, 2015 through June 30, 2016

102776 - 2015/07
Outpatient Rate: 14.53

Type of Control: Nonprofit (Other)
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: General

Douglas Gardens Hospital

Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,194,404.00	4,196,704.00	0.00	0.00	Total Bed Days	11,680
2. Routine	3,550,302.00		0.00		Total Inpatient Days	2,589
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	0
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	575
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(68,598.60)	(32,921.40)	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	8,676,107.40	4,163,782.60	0.00	0.00	Property Rate Allowance	0.80
10. Charges	62,175,058.00	5,385,180.00	0.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		2,349,256.00	0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,104.54	0.00	County Ceiling Base	1,051.21	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,250.73	0.00	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.53	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)	(5.00)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		14.53



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, 2015 through June 30, 2016

103144 - 2015/07
Outpatient Rate: 57.12

Type of Control: Proprietary
 Fiscal Year: 1/1/2014 - 9/30/2014
 Hospital Classification: General

Physicians Regional Medical Center - Pine Ridge

Type of Action: Unaudited Cost Report

County: Collier (11)
 District: 8

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	41,252,883.00	46,497,098.00	1,141,573.00	1,210,624.00	Total Bed Days	54,873
2. Routine	25,454,615.00		1,399,356.00		Total Inpatient Days	28,003
3. Special Care	8,169,867.00		524,951.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,802
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,280
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0300572519
8. Adjustments	(1,231,857.94)	(764,955.06)	(50,438.86)	(19,916.79)	Medicaid Paid Claims	15,676
9. Total Cost	73,645,507.06	45,732,142.94	3,015,441.14	1,190,707.21	Property Rate Allowance	0.80
10. Charges	540,070,598.00	509,839,438.00	17,974,630.00	15,676,611.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		10,641,519.00		354,171.04	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,520.17	78.19	County Ceiling Base	1,032.44	187.23	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	796.68	102.83	Cost Report DRI Index	2.0960
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,655.14	204.39	FPLI	1.0007

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,190,707.21
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,190,707.21
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,226,496.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,676
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		78.24
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		106.45
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		78.24
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0007) for Collier (11)		204.39
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.83
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.83
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		78.24
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		78.24
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,676,611.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,000.04
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,030.10
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		78.24
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(21.12)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		57.12



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, 2015 through June 30, 2016

103179 - 2015/07
Outpatient Rate: 54.86

Type of Control: Nonprofit (Other)
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: Rural

The Villages Regional Hospital

Type of Action: Unaudited Cost Report

County: Sumter (60)
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	48,503,035.00	38,352,009.00	1,251,383.00	1,010,545.00	Total Bed Days	81,395
2. Routine	34,724,990.00		769,350.00		Total Inpatient Days	56,770
3. Special Care	5,658,470.00		161,551.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,453
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	34,978
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(1,351,502.07)	(583,134.93)	(33,181.21)	(15,365.14)	Medicaid Paid Claims	9,770
9. Total Cost	87,534,992.93	37,768,874.07	2,149,102.79	995,179.86	Property Rate Allowance	0.80
10. Charges	439,758,707.00	235,959,991.00	10,775,004.00	7,407,676.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		13,700,603.00		335,693.30	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,495.18	122.03	County Ceiling Base	1,456.84	171.09	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,112.81	72.59	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,432.35	176.87	FPLI	0.8660

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	995,179.86
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		995,179.86
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,032,481.17
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		9,770
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		105.68
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		75.15
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		75.15
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8660) for Sumter (60)		176.87
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		177.12
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		176.87
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		75.15
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		75.15
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		7,407,676.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		758.21
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		786.63
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		75.15
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(20.28)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		54.86



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, 2015 through June 30, 2016

103209 - 2015/07
Outpatient Rate: 60.26

Type of Control: Proprietary
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

Wuesthoff Medical Center Melbourne

Type of Action: Unaudited Cost Report

County: Brevard (5)
 District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	20,037,304.00	26,918,231.00	1,060,091.00	1,112,071.00	Total Bed Days	41,425
2. Routine	14,709,289.00		715,281.00		Total Inpatient Days	19,642
3. Special Care	3,479,347.00		196,543.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,084
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,580
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(2,735,622.62)	(1,926,391.38)	(141,119.23)	(79,584.87)	Medicaid Paid Claims	12,911
9. Total Cost	35,490,317.38	24,991,839.62	1,830,795.77	1,032,486.13	Property Rate Allowance	0.80
10. Charges	286,105,400.00	328,933,628.00	14,398,976.00	15,920,578.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	5,452,038.00		274,387.57		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,589.90		88.55	County Ceiling Base	998.59	184.13
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,187.29	100.75	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,541.51	190.35	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,032,486.13
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,032,486.13
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,065,553.32
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,911
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		82.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		104.30
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		82.53
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9320) for Brevard (5)		190.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		190.35
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		82.53
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		82.53
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,920,578.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,233.10
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,272.59
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		82.53
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(22.28)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		60.26



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, 2015 through June 30, 2016

103233 - 2015/07
Outpatient Rate: 128.60

Type of Control: Nonprofit (Church)
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: Rural

Sacred Heart Hospital on the Emerald Coast

Type of Action: Unaudited Cost Report

County: Walton (66)
 District: 1

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	19,277,786.00	37,486,301.00	2,614,113.00	2,237,395.00	Total Bed Days	18,250
2. Routine	11,430,724.00		1,757,729.00		Total Inpatient Days	14,300
3. Special Care	5,903,398.00		345,215.00		Total Newborn Days	2,111
4. Newborn Routine	1,882,763.00		766,125.00		Medicaid Inpatient Days	1,888
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,451
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	18,050
9. Total Cost	38,494,671.00	37,486,301.00	5,483,182.00	2,237,395.00	Property Rate Allowance	1.00
10. Charges	192,446,566.00	318,909,895.00	15,209,633.00	16,918,784.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	6,107,066.00		482,659.86		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	3,080.21		144.16	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,475.52	182.21	FPLI	0.8921

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,237,395.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,237,395.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,321,256.99
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,050
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		128.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		128.60
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8921) for Walton (66)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		128.60
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	128.60	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	16,918,784.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	937.33	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	972.46	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	128.60	
AU	Medicaid Trend Adjustment (IP%: 10.4769 %, OP%: 9.7176 %)	(12.50)	
AV	Buy Back of Medicaid Trend Adjustment	12.50	
AW			
AX			
AY	Final Prospective Rates		128.60



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, 2015 through June 30, 2016

103284 - 2015/07
Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 9/1/2013 - 8/31/2014
 Hospital Classification: General

Sister Emmanuel Hospital

Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,087,163.00	0.00	57,038.00	0.00	Total Bed Days	10,585
2. Routine	8,208,832.00		154,165.00		Total Inpatient Days	9,803
3. Special Care	51,772.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	182
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,261
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0335088559
8. Adjustments	(249,117.00)	0.00	(3,941.80)	0.00	Medicaid Paid Claims	0
9. Total Cost	13,098,650.00	0.00	207,261.20	0.00	Property Rate Allowance	0.80
10. Charges	103,518,953.00	0.00	1,495,126.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	1,095,978.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,050.40	0.00	County Ceiling Base	1,051.21	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	866.66	0.00	Cost Report DRI Index	2.0890
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		0.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.53	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)	(5.00)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		14.53



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, 2015 through June 30, 2016

103373 - 2015/07
Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 9/1/2013 - 8/31/2014
 Hospital Classification: General

Select Specialty Hospital-Miami

Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,195,574.00	0.00	0.00	0.00	Total Bed Days	17,155
2. Routine	9,263,322.00		0.00		Total Inpatient Days	14,824
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	0
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,931
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0335088559
8. Adjustments	(337,920.00)	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	18,120,976.00	0.00	0.00	0.00	Property Rate Allowance	0.80
10. Charges	62,320,668.00	0.00	0.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	1,677,512.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	951.62	0.00	County Ceiling Base	1,051.21	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,087.49	0.00	Cost Report DRI Index	2.0890
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		0.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.53
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)		(5.00)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		14.53



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, 2015 through June 30, 2016

103390 - 2015/07

Outpatient Rate: 14.53

Select Specialty Hospital - Orlando (South Campus)

Type of Control: Government

County: Orange (48)

Fiscal Year: 1/1/2013 - 12/31/2013

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	14,514,741.00	0.00	193,290.00	0.00	Total Bed Days	27,375
2. Routine	17,882,720.00		289,855.00		Total Inpatient Days	21,362
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	345
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,368
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(558,809.00)	0.00	(8,333.55)	0.00	Medicaid Paid Claims	0
9. Total Cost	31,838,652.00	0.00	474,811.45	0.00	Property Rate Allowance	0.80
10. Charges	110,260,324.00	0.00	1,566,278.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	4,377,835.00		62,188.34		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,280.34	0.00	County Ceiling Base	1,521.24	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,033.59	0.00	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,620.08	200.06	FPLI	0.9795

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9795) for Orange (48)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.53
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)		(5.00)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		14.53



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, 2015 through June 30, 2016

103411 - 2015/07

Outpatient Rate: 149.12

Type of Control: Government
 Fiscal Year: 7/1/2011 - 6/30/2012
 Hospital Classification: General

Charlton Memorial Hospital

Type of Action: Unaudited Cost Report

County: Out of State (69)
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	571,735.00	5,145,817.00	20,873.00	257,965.00	Total Bed Days	5,490
2. Routine	987,901.00		57,473.00		Total Inpatient Days	1,066
3. Special Care	554,637.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	78
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	630
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0735952263
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	250
9. Total Cost	2,114,273.00	5,145,817.00	78,346.00	257,965.00	Property Rate Allowance	0.80
10. Charges	2,382,846.00	14,593,842.00	83,552.00	544,014.00	First Rate Semester in Effect	2013/07
11. Fixed Costs		173,254.00		0.00	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,954.85	1,107.80	County Ceiling Base	983.27	197.56	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	213.73	806.90	Cost Report DRI Index	2.0110
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,653.98	204.24	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	257,965.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		257,965.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		276,949.99
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		250
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		1,107.80
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		835.33
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		835.33
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		204.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.24
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		204.24
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		204.24
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		544,014.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,176.06	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	2,336.20	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	204.24	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)	(55.13)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		149.12



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, 2015 through June 30, 2016

103420 - 2015/07
Outpatient Rate: 90.14

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Lakewood Ranch Medical Center

Type of Action: Unaudited Cost Report

County: Manatee (41)
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	18,849,465.00	22,244,050.00	660,928.00	738,606.00	Total Bed Days	43,800
2. Routine	15,473,545.00		589,240.00		Total Inpatient Days	16,557
3. Special Care	4,104,429.00		150,845.00		Total Newborn Days	976
4. Newborn Routine	652,368.00		88,899.00		Medicaid Inpatient Days	739
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	29
6. Home Health					Medicare Inpatient Days	6,701
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	6,273
9. Total Cost	39,079,807.00	22,244,050.00	1,489,912.00	738,606.00	Property Rate Allowance	0.80
10. Charges	222,875,985.00	204,120,024.00	6,857,641.00	7,109,362.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		8,862,525.00		272,689.83	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,711.18	127.12	County Ceiling Base	993.80	185.52	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,810.24	132.46	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,606.35	198.36	FPLI	0.9712

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	738,606.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		738,606.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		774,478.07
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,273
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		123.46
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		137.13
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		123.46
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9712) for Manatee (41)		198.36
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.06
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		192.06
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		123.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		123.46
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		7,109,362.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,133.33
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,188.37
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		123.46
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(33.32)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		90.14



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, 2015 through June 30, 2016

103438 - 2015/07
Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 8/1/2013 - 7/31/2014
 Hospital Classification: General

Select Specialty Hospital-Panama City

Type of Action: Unaudited Cost Report

County: Bay (3)
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,557,450.00	0.00	49,876.00	0.00	Total Bed Days	10,950
2. Routine	5,741,746.00		72,494.00		Total Inpatient Days	9,981
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	126
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,083
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0354916067
8. Adjustments	(183,362.00)	0.00	(1,985.81)	0.00	Medicaid Paid Claims	0
9. Total Cost	11,115,834.00	0.00	120,384.19	0.00	Property Rate Allowance	0.80
10. Charges	11,237,614.00	0.00	439,795.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	939,903.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,178.38	0.00	County Ceiling Base	958.47	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	881.36	0.00	Cost Report DRI Index	2.0850
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,481.80	182.98	FPLI	0.8959

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8959) for Bay (3)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		0.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.53	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)	(5.00)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		14.53



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, 2015 through June 30, 2016

103454 - 2015/07
Outpatient Rate: 94.67

Type of Control: Government
 Fiscal Year: 5/1/2013 - 4/30/2014
 Hospital Classification: General

Memorial Hospital Miramar
 Type of Action: Unaudited Cost Report

County: Broward (6)
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	33,562,788.00	52,902,694.00	6,873,422.00	5,460,728.00	Total Bed Days	64,970
2. Routine	32,364,921.00		4,127,918.00		Total Inpatient Days	26,790
3. Special Care	6,529,157.00		480,270.00		Total Newborn Days	9,122
4. Newborn Routine	6,278,120.00		2,764,778.00		Medicaid Inpatient Days	4,244
5. Intern-Resident	463,026.00		59,069.00		Medicaid Newborn IP Days	3,800
6. Home Health					Medicare Inpatient Days	4,354
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0419884170
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	36,168
9. Total Cost	79,198,012.00	52,902,694.00	14,305,457.00	5,460,728.00	Property Rate Allowance	0.80
10. Charges	350,075,498.00	413,385,263.00	60,627,374.00	28,106,934.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		23,960,608.00		4,149,587.02	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,215.85	145.40	County Ceiling Base	1,014.06	213.76	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,526.46	118.95	Cost Report DRI Index	2.0720
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,460,728.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,460,728.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		5,690,015.32
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		36,168
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		157.32
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		123.14
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		123.14
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		220.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		221.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		220.99
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		123.14
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		123.14
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		28,106,934.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		777.12
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		809.75
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		123.14
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(33.24)
AV	Buy Back of Medicaid Trend Adjustment		4.77
AW			
AX			
AY	Final Prospective Rates		94.67



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, 2015 through June 30, 2016

103462 - 2015/07
Outpatient Rate: 59.77

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

St Cloud Regional Medical Center

Type of Action: Unaudited Cost Report

County: Osceola (49)
 District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,395,088.00	17,985,564.00	1,001,981.00	1,423,400.00	Total Bed Days	30,660
2. Routine	11,125,607.00		561,480.00		Total Inpatient Days	16,671
3. Special Care	2,842,367.00		285,161.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,176
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,781
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(371,507.18)	(253,451.82)	(26,050.70)	(20,058.49)	Medicaid Paid Claims	17,975
9. Total Cost	25,991,554.82	17,732,112.18	1,822,571.30	1,403,341.51	Property Rate Allowance	0.80
10. Charges	149,487,795.00	160,227,315.00	10,786,332.00	13,878,329.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		3,669,720.00		264,789.63	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,458.40	85.96	County Ceiling Base	936.28	187.56	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,094.15	80.05	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,575.25	194.52	FPLI	0.9524

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,403,341.51
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,403,341.51
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,471,497.97
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,975
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		81.86
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		82.87
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		81.86
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9524) for Osceola (49)		194.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		194.17
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		194.17
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		81.86
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		81.86
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		13,878,329.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		772.09
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		809.59
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		81.86
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(22.10)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		59.77



Florida Agency for Health Care Administration
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 Computation of Hospital Prospective Payment Rates
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103535 - 2015/07

Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 6/1/2013 - 8/31/2014
 Hospital Classification: General

Kindred Hospital Ocala

Type of Action: Unaudited Cost Report

County: Marion (42)
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,849,518.00	0.00	39,435.00	0.00	Total Bed Days	14,167
2. Routine	5,336,830.00		51,754.00		Total Inpatient Days	8,667
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	84
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,633
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(193,657.00)	0.00	(1,733.63)	0.00	Medicaid Paid Claims	0
9. Total Cost	9,992,691.00	0.00	89,455.37	0.00	Property Rate Allowance	0.80
10. Charges	44,115,807.00	0.00	364,665.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	937,909.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,148.81		0.00	County Ceiling Base	937.25	0.00
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,121.17	0.00	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,560.53	192.70	FPLI	0.9435

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9435) for Marion (42)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.53	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)	(5.00)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		14.53



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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103543 - 2015/07
Outpatient Rate: 174.37

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

Doctors Hospital

Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	57,078,709.00	55,274,323.00	1,422,035.00	1,152,480.00	Total Bed Days	102,565
2. Routine	48,816,940.00		1,515,925.00		Total Inpatient Days	29,884
3. Special Care	7,356,808.00		233,962.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	982
5. Intern-Resident	1,319,570.00		37,995.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,466
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(1,732,428.34)	(835,795.66)	(48,536.73)	(17,426.50)	Medicaid Paid Claims	3,595
9. Total Cost	112,839,598.66	54,438,527.34	3,161,380.27	1,135,053.50	Property Rate Allowance	0.80
10. Charges	376,768,488.00	308,247,317.00	10,753,562.00	5,227,878.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	15,760,341.00		449,824.78		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,365.48		270.48	1,051.21	230.71	Semester DRI Index
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,948.36	241.42	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,135,053.50
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,135,053.50
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,171,405.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,595
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		325.84
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		249.93
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		249.93
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		238.84
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		238.84
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		5,227,878.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,454.21
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,500.78
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		238.84
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(64.46)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		174.37



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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103551 - 2015/07
Outpatient Rate: 30.15

Type of Control: Proprietary

Fiscal Year: 1/1/2013 - 12/31/2013

Hospital Classification: General

HealthSouth Rehabilitation Hospital of Spring Hill

Type of Action: Unaudited Cost Report

County: Hernando (27)

District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,966,191.00	495,809.00	0.00	2,976.00	Total Bed Days	29,200
2. Routine	11,140,912.00		0.00		Total Inpatient Days	23,601
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	0
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	20,793
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(418,382.36)	(10,316.64)	0.00	(61.92)	Medicaid Paid Claims	74
9. Total Cost	19,688,720.64	485,492.36	0.00	2,914.08	Property Rate Allowance	0.80
10. Charges	38,784,452.00	2,143,433.00	0.00	8,001.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	1,276,506.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	902.01	45.53	County Ceiling Base	916.51	179.17	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	642.94	129.10	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,500.00	185.23	FPLI	0.9069

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,914.08
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		2,914.08
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,055.61
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		74
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		41.29
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		133.65
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		41.29
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9069) for Hernando (27)		185.23
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		185.23
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		41.29
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		41.29
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		8,001.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		108.12
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		113.37
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	41.29	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)	(11.15)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		30.15



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103560 - 2015/07
Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 5/31/2013 - 5/31/2014
 Hospital Classification: General

Healthsouth Ridgelake Hospital

Type of Action: Unaudited Cost Report

County: Sarasota (58)
 District: 8

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,765,733.00	677.00	105,615.00	0.00	Total Bed Days	14,640
2. Routine	11,494,542.00		275,885.00		Total Inpatient Days	12,166
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	292
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,941
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	(234,768.30)	(8.70)	(4,904.86)	0.00	Medicaid Paid Claims	0
9. Total Cost	18,025,506.70	668.30	376,595.14	0.00	Property Rate Allowance	0.80
10. Charges	46,527,448.00	1,819.00	856,386.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	3,148,747.00		57,955.96		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,153.22	0.00	County Ceiling Base	985.62	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,145.97	0.00	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,626.86	200.89	FPLI	0.9836

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9836) for Sarasota (58)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.53
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)		(5.00)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		14.53



Florida Agency for Health Care Administration
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103683 - 2015/07
Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

Select Specialty Hospital Pensacola Inc

Type of Action: Unaudited Cost Report

County: Escambia (17)
 District: 1

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	11,089,627.00	0.00	234,886.00	0.00	Total Bed Days	27,375
2. Routine	15,398,354.00		501,836.00		Total Inpatient Days	20,229
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	651
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,988
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(468,583.00)	0.00	(13,032.91)	0.00	Medicaid Paid Claims	0
9. Total Cost	26,019,398.00	0.00	723,689.09	0.00	Property Rate Allowance	0.80
10. Charges	78,481,963.00	0.00	1,977,652.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	3,223,897.00		81,238.36		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,082.79	0.00	County Ceiling Base	1,569.46	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,081.01	0.00	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,555.74	192.11	FPLI	0.9406

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9406) for Escambia (17)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.53
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)		(5.00)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		14.53



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103721 - 2015/07
Outpatient Rate: 14.53

Type of Control: Nonprofit (Other)
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

BayCare Alliant Hospital
 Type of Action: Unaudited Cost Report

County: Pinellas (52)
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,050,224.00	0.00	394,384.00	0.00	Total Bed Days	17,520
2. Routine	9,672,680.00		551,832.00		Total Inpatient Days	10,517
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	600
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,334
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(260,936.00)	0.00	(14,764.29)	0.00	Medicaid Paid Claims	0
9. Total Cost	16,461,968.00	0.00	931,451.71	0.00	Property Rate Allowance	0.80
10. Charges	63,007,612.00	0.00	3,669,187.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	1,964,663.00		114,410.24		Last Rate Semester in Effect	2015/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,509.06	0.00	County Ceiling Base	959.45	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,014.76	0.00	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,565.00	193.25	FPLI	0.9462

Rate Calculations			Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)		Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))			0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)			0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)			0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)			0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)			0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)			19.53
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)			(5.00)
AV	Buy Back of Medicaid Trend Adjustment			0.00
AW				
AX				
AY	Final Prospective Rates			14.53



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, 2015 through June 30, 2016

103730 - 2015/07
Outpatient Rate: 73.35

Type of Control: Nonprofit (Church)
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: General

St. Vincent's Medical Center Southside

Type of Action: Unaudited Cost Report

County: Duval (16)
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	56,135,276.00	45,575,640.00	3,278,613.00	1,437,872.00	Total Bed Days	100,375
2. Routine	31,602,811.00		1,740,284.00		Total Inpatient Days	41,389
3. Special Care	7,129,871.00		1,966,634.00		Total Newborn Days	3,036
4. Newborn Routine	1,564,478.00		503,973.00		Medicaid Inpatient Days	4,949
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	313
6. Home Health					Medicare Inpatient Days	15,317
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(213,007.82)	(100,671.18)	(16,543.43)	(3,176.09)	Medicaid Paid Claims	13,072
9. Total Cost	96,219,428.18	45,474,968.82	7,472,960.57	1,434,695.91	Property Rate Allowance	0.80
10. Charges	504,406,977.00	337,780,712.00	29,404,371.00	12,835,416.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		13,595,002.00		792,519.73	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,329.11		114.90	County Ceiling Base	919.17	190.73
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,378.84	97.05	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,639.10	202.40	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,434,695.91
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,434,695.91
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,488,471.15
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,072
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		113.87
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		100.47
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		100.47
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9910) for Duval (16)		202.40
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.45
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.45
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		100.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		100.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		12,835,416.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		981.90
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,018.71
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		100.47
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(27.12)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		73.35



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, 2015 through June 30, 2016

103748 - 2015/07
Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 3/1/2013 - 2/28/2014
 Hospital Classification: General

Select Specialty Hospital - Tallahassee

Type of Action: Unaudited Cost Report

County: Leon (37)
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,203,639.00	0.00	120,912.00	0.00	Total Bed Days	10,585
2. Routine	9,294,391.00		216,627.00		Total Inpatient Days	9,828
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	229
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,374
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0455205811
8. Adjustments	(258,449.00)	0.00	(5,628.88)	0.00	Medicaid Paid Claims	0
9. Total Cost	15,239,581.00	0.00	331,910.12	0.00	Property Rate Allowance	0.80
10. Charges	35,391,882.00	0.00	801,012.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	3,784,132.00		85,644.93		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,170.83	0.00	County Ceiling Base	987.23	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,300.91	0.00	Cost Report DRI Index	2.0650
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,588.32	196.13	FPLI	0.9603

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9603) for Leon (37)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.53
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)		(5.00)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		14.53



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, 2015 through June 30, 2016

103764 - 2015/07
Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 12/1/2012 - 11/30/2013
 Hospital Classification: General

Select Specialty Hospital-Palm Beach

Type of Action: Unaudited Cost Report

County: Palm Beach (50)
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,747,523.00	0.00	235,511.00	0.00	Total Bed Days	21,900
2. Routine	14,680,398.00		114,309.00		Total Inpatient Days	16,567
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	129
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,108
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0500972763
8. Adjustments	(404,559.00)	0.00	(5,565.65)	0.00	Medicaid Paid Claims	0
9. Total Cost	25,023,362.00	0.00	344,254.35	0.00	Property Rate Allowance	0.80
10. Charges	69,167,291.00	0.00	1,728,935.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	2,332,421.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,403.05	0.00	County Ceiling Base	1,054.35	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,384.57	0.00	Cost Report DRI Index	2.0560
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.50	209.37	FPLI	1.0251

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		0.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.53	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)	(5.00)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		14.53



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, 2015 through June 30, 2016

103772 - 2015/07
Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 8/1/2013 - 7/31/2014
 Hospital Classification: General

Select Speciality Hospital Gainesville Inc.

Type of Action: Unaudited Cost Report

County: Alachua (1)
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,406,560.00	0.00	144,392.00	0.00	Total Bed Days	16,060
2. Routine	13,111,279.00		291,176.00		Total Inpatient Days	12,266
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	264
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,467
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0354916067
8. Adjustments	(287,833.00)	0.00	(6,110.33)	0.00	Medicaid Paid Claims	0
9. Total Cost	20,230,006.00	0.00	429,457.67	0.00	Property Rate Allowance	0.80
10. Charges	47,051,847.00	0.00	951,528.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	3,375,097.00		68,254.48		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,606.84	0.00	County Ceiling Base	937.44	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,265.72	0.00	Cost Report DRI Index	2.0850
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,458.32	180.08	FPLI	0.8817

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8817) for Alachua (1)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.53
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)		(5.00)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		14.53



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, 2015 through June 30, 2016

104591 - 2015/07
Outpatient Rate: 50.50

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Northwest Medical Center
 Type of Action: Unaudited Cost Report

County: Broward (6)
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	55,713,425.00	33,960,693.00	4,896,043.00	1,768,203.00	Total Bed Days	81,395
2. Routine	37,426,855.00		3,076,276.00		Total Inpatient Days	55,409
3. Special Care	14,380,908.00		1,663,336.00		Total Newborn Days	2,975
4. Newborn Routine	760,685.00		378,166.00		Medicaid Inpatient Days	6,065
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	31
6. Home Health					Medicare Inpatient Days	15,231
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(1,871,998.73)	(587,119.27)	(173,120.95)	(30,569.05)	Medicaid Paid Claims	26,340
9. Total Cost	106,409,874.27	33,373,573.73	9,840,700.05	1,737,633.95	Property Rate Allowance	0.80
10. Charges	897,958,227.00	394,203,320.00	68,308,593.00	20,840,984.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		14,007,311.00		1,065,550.35	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,395.01		63.93	1,014.06	213.76	Semester DRI Index
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	925.32	67.22	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,737,633.95
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,737,633.95
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,822,026.08
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		26,340
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		69.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		69.59
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		69.17
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		220.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		221.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		220.99
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		69.17
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		69.17
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		20,840,984.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		791.23
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		829.66
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		69.17
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(18.67)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		50.50



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, 2015 through June 30, 2016

104604 - 2015/07
Outpatient Rate: 77.98

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: CHEP

Palmetto General Hospital

Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	90,055,314.00	46,141,018.00	16,022,593.00	7,262,387.00	Total Bed Days	135,050
2. Routine	50,289,940.00		8,005,949.00		Total Inpatient Days	97,448
3. Special Care	25,934,905.00		5,625,325.00		Total Newborn Days	3,250
4. Newborn Routine	935,507.00		674,433.00		Medicaid Inpatient Days	18,664
5. Intern-Resident	0.00		1,299,848.00		Medicaid Newborn IP Days	145
6. Home Health					Medicare Inpatient Days	23,459
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	71,294
9. Total Cost	167,215,666.00	46,141,018.00	31,628,148.00	7,262,387.00	Property Rate Allowance	0.80
10. Charges	1,166,826,520.00	434,491,025.00	210,991,048.00	74,017,091.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		14,321,877.00		2,589,749.02	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,343.77	88.66	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	7,262,387.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		7,262,387.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		7,615,101.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		71,294
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		106.81
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.81
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		106.81
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		106.81
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		74,017,091.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,038.20
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,088.62
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		106.81
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(28.83)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		77.98



Florida Agency for Health Care Administration
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105520 - 2015/07
Outpatient Rate: 40.48

Type of Control: Proprietary
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: Special-IP

Medical Center of Trinity
 Type of Action: Unaudited Cost Report

County: Pasco (51)
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	54,591,195.00	35,631,438.00	6,045,742.00	2,418,166.00	Total Bed Days	102,930
2. Routine	54,820,864.00		4,681,850.00		Total Inpatient Days	69,458
3. Special Care	10,890,939.00		552,243.00		Total Newborn Days	2,383
4. Newborn Routine	1,276,265.00		919,574.00		Medicaid Inpatient Days	6,105
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	259
6. Home Health					Medicare Inpatient Days	25,846
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(1,775,527.26)	(520,356.74)	(178,158.53)	(35,314.57)	Medicaid Paid Claims	21,080
9. Total Cost	119,803,735.74	35,111,081.26	12,021,250.47	2,382,851.43	Property Rate Allowance	0.80
10. Charges	999,740,998.00	448,508,041.00	66,597,385.00	34,847,996.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		22,885,891.00		1,524,535.35	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,779.55	121.96	County Ceiling Base	Exempt	184.22	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	53.56	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,590.47	196.40	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,382,851.43
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,382,851.43
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,472,165.42
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		21,080
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		117.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		55.45
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		55.45
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9616) for Pasco (51)		196.40
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		190.71
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		55.45
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		55.45
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		34,847,996.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,653.13
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,715.09
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		55.45
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(14.97)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		40.48



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106470 - 2015/07
Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Specialty Hospital Jacksonville

Type of Action: Unaudited Cost Report

County: Duval (16)
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,423,023.00	10,340.00	0.00	0.00	Total Bed Days	39,055
2. Routine	15,733,485.00		0.00		Total Inpatient Days	20,236
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	0
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,971
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(431,737.33)	(170.67)	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	25,724,770.67	10,169.33	0.00	0.00	Property Rate Allowance	0.80
10. Charges	117,068,974.00	0.00	0.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	1,841,045.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,248.82	0.00	County Ceiling Base	919.17	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	796.37	0.00	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,639.10	202.40	FPLI	0.9910

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9910) for Duval (16)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		0.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.53	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)	(5.00)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		14.53



Florida Agency for Health Care Administration
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108219 - 2015/07
Outpatient Rate: 109.54

Type of Control: Government
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: Special

Broward Health Imperial Point

Type of Action: Unaudited Cost Report

County: Broward (6)
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,992,875.00	42,115,991.00	2,827,513.00	1,611,086.00	Total Bed Days	67,525
2. Routine	30,597,060.00		2,161,226.00		Total Inpatient Days	35,831
3. Special Care	4,428,618.00		548,589.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,118
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,202
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(686,229.49)	(444,507.51)	(58,442.98)	(17,003.99)	Medicaid Paid Claims	11,289
9. Total Cost	64,332,323.51	41,671,483.49	5,478,885.02	1,594,082.01	Property Rate Allowance	0.80
10. Charges	197,429,809.00	218,600,373.00	20,215,319.00	7,659,171.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		8,249,114.00		844,646.87	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,079.06	135.40	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,594,082.01
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,594,082.01
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,653,831.36
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,289
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		146.50
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		146.50
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		146.50
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		146.50
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		7,659,171.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		678.46
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		703.89
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		146.50
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(39.54)
AV	Exemption Tier Adj (IP%: 70.7683 %, OP%: 70.7683 %)		(2.24)
AW	Buy Back of Medicaid Trend Adjustment		4.82
AX			
AY	Final Prospective Rates		109.54



Florida Agency for Health Care Administration
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108227 - 2015/07
Outpatient Rate: 126.37

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: Rural Hospital

Lake Butler Hospital
 Type of Action: Unaudited Cost Report

County: Union (63)
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	516,589.00	3,899,932.00	36,534.00	1,004,211.00	Total Bed Days	9,125
2. Routine	2,824,329.00		174,252.00		Total Inpatient Days	277
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	24
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	117
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(44,586.79)	(52,047.21)	(2,813.08)	(13,401.87)	Medicaid Paid Claims	8,071
9. Total Cost	3,296,331.21	3,847,884.79	207,972.92	990,809.13	Property Rate Allowance	1.00
10. Charges	2,255,471.00	12,464,048.00	118,898.00	2,910,924.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	274,676.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	12,808.85	144.15	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,477.01	182.39	FPLI	0.8930

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient	
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	990,809.13	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		990,809.13	
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,038,930.02	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		8,071	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		128.72	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		128.72	
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8930) for Union (63)		Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		128.72	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		128.72	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			2,910,924.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			360.66
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)			378.18
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)			128.72
AU	Medicaid Trend Adjustment (IP%: 14.3869 %, OP%: 9.7176 %)		(12.51)	
AV	Buy Back of Medicaid Trend Adjustment		10.16	
AW				
AX				
AY	Final Prospective Rates		126.37	



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108626 - 2015/07
Outpatient Rate: 96.00

Type of Control: Proprietary
 Fiscal Year: 3/1/2013 - 2/28/2014
 Hospital Classification: General

North Florida Regional Medical Center

Type of Action: Unaudited Cost Report

County: Alachua (1)
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	106,001,334.00	80,034,719.00	8,898,396.00	5,878,805.00	Total Bed Days	151,110
2. Routine	62,707,775.00		5,324,261.00		Total Inpatient Days	95,992
3. Special Care	21,113,039.00		2,378,643.00		Total Newborn Days	4,788
4. Newborn Routine	1,122,103.00		466,611.00		Medicaid Inpatient Days	9,844
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	52,373
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0455205811
8. Adjustments	(3,436,557.20)	(1,440,440.80)	(307,183.13)	(105,804.96)	Medicaid Paid Claims	41,338
9. Total Cost	187,507,693.80	78,594,278.20	16,760,727.87	5,773,000.04	Property Rate Allowance	0.80
10. Charges	1,675,569,651.00	983,387,879.00	128,849,401.00	88,582,134.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	24,131,428.00		1,855,679.38		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,795.45	165.60	County Ceiling Base	937.44	169.62	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	865.20	127.02	Cost Report DRI Index	2.0650
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,458.32	180.08	FPLI	0.8817

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,773,000.04
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,773,000.04
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		6,035,790.35
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		41,338
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		146.01
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		131.50
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		131.50
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8817) for Alachua (1)		180.08
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		175.60
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		175.60
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		131.50
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		131.50
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		88,582,134.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,142.87
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,240.42
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		131.50
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(35.49)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		96.00



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109592 - 2015/07
Outpatient Rate: 63.35

Type of Control: Proprietary
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

Bayfront Health Dade City
 Type of Action: Unaudited Cost Report

County: Pasco (51)
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,822,520.00	17,668,725.00	519,926.00	1,098,590.00	Total Bed Days	43,800
2. Routine	8,417,796.00		302,207.00		Total Inpatient Days	9,909
3. Special Care	3,582,198.00		159,209.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	416
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	3,527
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(339,906.96)	(263,149.04)	(14,615.61)	(16,361.84)	Medicaid Paid Claims	10,975
9. Total Cost	22,482,607.04	17,405,575.96	966,726.39	1,082,228.16	Property Rate Allowance	0.80
10. Charges	182,953,049.00	214,769,938.00	8,396,418.00	14,706,032.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		4,163,292.00		191,069.46	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,001.12	105.83	County Ceiling Base	879.92	184.22	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	796.05	83.81	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,590.47	196.40	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,082,228.16
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,082,228.16
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,116,888.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		10,975
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		101.77
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		86.76
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		86.76
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9616) for Pasco (51)		196.40
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		190.71
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		86.76
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		86.76
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		14,706,032.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,339.96
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,382.87
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		86.76
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(23.42)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		63.35



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109606 - 2015/07
Outpatient Rate: 102.13

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: Special

Coral Gables Hospital
 Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	28,148,160.00	18,372,202.00	2,148,766.00	1,853,784.00	Total Bed Days	89,425
2. Routine	15,304,623.00		1,653,370.00		Total Inpatient Days	25,141
3. Special Care	6,864,888.00		794,740.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,910
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,549
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	13,896
9. Total Cost	50,317,671.00	18,372,202.00	4,596,876.00	1,853,784.00	Property Rate Allowance	0.80
10. Charges	377,226,107.00	190,455,163.00	41,909,952.00	17,595,550.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		4,694,901.00		521,605.14	Last Rate Semester in Effect	2015/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,218.94	116.11	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations			Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)		Reimbursed by Diagnosis Related Groups	1,853,784.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			1,853,784.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))			1,943,817.22
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			13,896
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			139.88
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			139.88
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			139.88
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)			139.88
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			17,595,550.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)			1,266.23
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)			1,327.73
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)			139.88
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)			(37.76)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)			0.00
AW	Buy Back of Medicaid Trend Adjustment			0.00
AX				
AY	Final Prospective Rates			102.13



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109886 - 2015/07
Outpatient Rate: 44.74

Type of Control: Proprietary
 Fiscal Year: 9/1/2013 - 8/31/2014
 Hospital Classification: General

Ocala Regional Medical Center

Type of Action: Unaudited Cost Report

County: Marion (42)
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	83,946,197.00	69,167,687.00	5,567,924.00	2,210,755.00	Total Bed Days	98,550
2. Routine	38,860,775.00		2,284,485.00		Total Inpatient Days	69,517
3. Special Care	15,721,676.00		990,997.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,569
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	30,380
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0335088559
8. Adjustments	(2,364,641.71)	(1,180,671.29)	(150,954.24)	(37,736.91)	Medicaid Paid Claims	36,651
9. Total Cost	136,164,006.29	67,987,015.71	8,692,451.76	2,173,018.09	Property Rate Allowance	0.80
10. Charges	1,147,424,606.00	685,760,323.00	71,505,480.00	25,139,646.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		16,093,323.00		1,002,907.54	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,843.54	64.95	County Ceiling Base	937.25	168.94	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	791.80	74.03	Cost Report DRI Index	2.0890
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,560.53	192.70	FPLI	0.9435

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,173,018.09
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,173,018.09
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,245,833.44
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		36,651
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		61.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		76.64
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		61.28
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9435) for Marion (42)		192.70
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		174.89
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		174.89
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		61.28
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		61.28
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		25,139,646.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		685.92
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		708.90
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		61.28
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(16.54)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		44.74



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110213 - 2015/07
Outpatient Rate: 67.31

Type of Control: Proprietary
 Fiscal Year: 5/1/2013 - 4/30/2014
 Hospital Classification: General

Blake Memorial Hospital
 Type of Action: Unaudited Cost Report

County: Manatee (41)
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	73,488,528.00	35,391,777.00	1,923,116.00	1,728,853.00	Total Bed Days	139,795
2. Routine	40,289,620.00		1,080,757.00		Total Inpatient Days	70,231
3. Special Care	10,192,318.00		304,055.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,116
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	35,854
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0419884170
8. Adjustments	(2,022,469.25)	(577,385.75)	(53,965.94)	(28,204.72)	Medicaid Paid Claims	14,840
9. Total Cost	121,947,996.75	34,814,391.25	3,253,962.06	1,700,648.28	Property Rate Allowance	0.80
10. Charges	915,848,190.00	315,969,026.00	25,605,973.00	15,078,228.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		13,109,321.00		366,520.26	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,464.04		122.95	County Ceiling Base	993.80	185.52
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	776.65	89.06	Cost Report DRI Index	2.0720
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,606.35	198.36	FPLI	0.9712

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,700,648.28
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,700,648.28
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,772,055.81
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		14,840
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.41
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		92.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		92.20
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9712) for Manatee (41)		198.36
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.06
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		192.06
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		92.20
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		92.20
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,078,228.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,016.05
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,058.72
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		92.20
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(24.88)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		67.31



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111325 - 2015/07
Outpatient Rate: 42.88

Type of Control: Proprietary
 Fiscal Year: 6/1/2013 - 5/31/2014
 Hospital Classification: Special

Ft. Walton Beach Medical Center

Type of Action: Unaudited Cost Report

County: Okaloosa (46)
 District: 1

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	47,100,756.00	43,642,689.00	5,588,969.00	4,267,966.00	Total Bed Days	93,805
2. Routine	35,940,218.00		4,562,439.00		Total Inpatient Days	59,979
3. Special Care	11,705,692.00		2,278,309.00		Total Newborn Days	2,001
4. Newborn Routine	745,392.00		456,325.00		Medicaid Inpatient Days	8,543
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	98
6. Home Health					Medicare Inpatient Days	27,777
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	(1,707,095.82)	(780,193.18)	(230,361.65)	(76,297.73)	Medicaid Paid Claims	33,076
9. Total Cost	93,784,962.18	42,862,495.82	12,655,680.35	4,191,668.27	Property Rate Allowance	0.80
10. Charges	912,412,896.00	614,245,755.00	102,758,030.00	60,223,074.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		11,197,268.00		1,261,061.97	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,549.37		148.90	County Ceiling Base	960.67	174.20
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	739.99	56.73	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,463.28	180.69	FPLI	0.8847

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,191,668.27
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,191,668.27
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		4,357,155.42
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		33,076
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		131.73
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		58.73
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		58.73
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8847) for Okaloosa (46)		180.69
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		180.34
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		180.34
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		58.73
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		58.73
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		60,223,074.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,820.75
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,892.63
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		58.73
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(15.85)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		42.88



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111341 - 2015/07

Outpatient Rate: 83.04

Gulf Coast Medical Center Lee Memorial Health

Type of Control: Proprietary

System

County: Lee (36)

Fiscal Year: 10/1/2013 - 9/30/2014

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	110,573,999.00	60,019,639.00	10,182,708.00	3,538,148.00	Total Bed Days	127,385
2. Routine	83,537,154.00		9,910,722.00		Total Inpatient Days	97,773
3. Special Care	16,340,029.00		1,416,090.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	10,338
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	45,823
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(3,256,427.06)	(928,716.94)	(332,828.65)	(54,747.71)	Medicaid Paid Claims	25,440
9. Total Cost	207,194,754.94	59,090,922.06	21,176,691.35	3,483,400.29	Property Rate Allowance	0.80
10. Charges	957,822,391.00	388,674,970.00	67,956,445.00	26,946,974.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	41,313,262.00		2,931,130.49		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,921.74		149.09	County Ceiling Base	1,016.73	187.25
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	972.52	109.87	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,567.64	193.58	FPLI	0.9478

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,483,400.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,483,400.29
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,594,962.34
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		25,440
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		141.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		113.74
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		113.74
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9478) for Lee (36)		193.58
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.85
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.58
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		113.74
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		113.74
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		26,946,974.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,059.24
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,093.16
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		113.74
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(30.70)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		83.04



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111741 - 2015/07
Outpatient Rate: 77.73

Type of Control: Proprietary
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: General

Orange Park Medical Center

Type of Action: Unaudited Cost Report

County: Clay (10)
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	59,341,025.00	48,608,053.00	7,273,534.00	5,270,104.00	Total Bed Days	108,405
2. Routine	51,647,701.00		3,877,058.00		Total Inpatient Days	72,541
3. Special Care	14,453,402.00		2,340,634.00		Total Newborn Days	3,947
4. Newborn Routine	1,685,015.00		882,423.00		Medicaid Inpatient Days	8,485
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	41
6. Home Health					Medicare Inpatient Days	28,979
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(1,920,723.44)	(734,403.56)	(217,166.88)	(79,624.32)	Medicaid Paid Claims	36,484
9. Total Cost	125,206,419.56	47,873,649.44	14,156,482.12	5,190,479.68	Property Rate Allowance	0.80
10. Charges	1,281,349,726.00	701,837,359.00	128,688,129.00	68,899,631.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		20,106,143.00		2,019,294.09	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,617.82	161.68	County Ceiling Base	911.02	180.35	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	860.58	102.84	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,509.92	186.45	FPLI	0.9129

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,190,479.68
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,190,479.68
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		5,385,029.13
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		36,484
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		147.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		106.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.46
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9129) for Clay (10)		186.45
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		186.70
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		186.45
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		106.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	106.46	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	68,899,631.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,888.49	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,959.27	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	106.46	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)	(28.74)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		77.73



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112305 - 2015/07
Outpatient Rate: 46.93

Type of Control: Proprietary
 Fiscal Year: 2/1/2013 - 1/31/2014
 Hospital Classification: General

Westside Regional Medical Center

Type of Action: Unaudited Cost Report

County: Broward (6)
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	59,993,764.00	26,072,214.00	2,648,636.00	636,805.00	Total Bed Days	81,760
2. Routine	35,852,317.00		1,636,368.00		Total Inpatient Days	59,527
3. Special Care	16,847,896.00		874,255.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,902
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,163
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0470417071
8. Adjustments	(1,941,512.19)	(449,176.81)	(88,884.65)	(10,970.99)	Medicaid Paid Claims	10,194
9. Total Cost	110,752,464.81	25,623,037.19	5,070,374.35	625,834.01	Property Rate Allowance	0.80
10. Charges	905,191,557.00	280,799,620.00	38,869,049.00	7,816,368.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		10,287,805.00		441,759.75	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,543.44	59.41	County Ceiling Base	1,014.06	207.82	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	951.90	65.39	Cost Report DRI Index	2.0620
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	625,834.01
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		625,834.01
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		655,274.31
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		10,194
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		64.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		67.69
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		64.28
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		220.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		215.14
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		215.14
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		64.28
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		64.28
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		7,816,368.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		766.76
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		802.83
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		64.28
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(17.35)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		46.93



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112798 - 2015/07
Outpatient Rate: 125.37

Type of Control: Proprietary
 Fiscal Year: 12/1/2012 - 9/30/2013
 Hospital Classification: General

Memorial Hospital Of Tampa

Type of Action: Unaudited Cost Report

County: Hillsborough (29)
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	17,690,813.00	17,235,218.00	648,187.00	457,788.00	Total Bed Days	55,632
2. Routine	13,357,788.00		736,936.00		Total Inpatient Days	24,861
3. Special Care	2,313,797.00		11,745.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,382
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,730
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0516317584
8. Adjustments	(434,574.94)	(224,504.06)	(18,195.45)	(5,963.10)	Medicaid Paid Claims	1,972
9. Total Cost	32,927,823.06	17,010,713.94	1,378,672.55	451,824.90	Property Rate Allowance	0.80
10. Charges	155,660,960.00	130,822,020.00	7,615,317.00	3,177,618.00	First Rate Semester in Effect	2014/07
11. Fixed Costs		6,286,703.00		307,560.97	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	871.82	257.73	County Ceiling Base	972.81	184.70	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	720.53	165.88	Cost Report DRI Index	2.0530
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,546.31	190.95	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	451,824.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		451,824.90
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		475,153.42
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		1,972
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		240.95
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		171.72
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		171.72
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9349) for Hillsborough (29)		190.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		191.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		190.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		171.72
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		171.72
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		3,177,618.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,611.37
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,694.57
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		171.72
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(46.35)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		125.37



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112801 - 2015/07
Outpatient Rate: 58.55

Type of Control: Proprietary
 Fiscal Year: 5/1/2013 - 6/30/2014
 Hospital Classification: General

University Hospital and Medical Center

Type of Action: Unaudited Cost Report

County: Broward (6)
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	25,913,461.00	18,992,069.00	1,030,511.00	1,074,587.00	Total Bed Days	115,705
2. Routine	40,506,596.00		873,012.00		Total Inpatient Days	50,772
3. Special Care	5,540,852.00		176,540.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	3,042
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,902
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	(986,991.26)	(260,488.74)	(28,529.43)	(14,738.67)	Medicaid Paid Claims	13,011
9. Total Cost	70,973,917.74	18,731,580.26	2,051,533.57	1,059,848.33	Property Rate Allowance	0.80
10. Charges	518,522,756.00	248,767,845.00	23,876,102.00	14,673,476.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		6,324,852.00		291,236.61	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	555.92	78.26	County Ceiling Base	1,014.06	207.82	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	550.65	77.46	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,059,848.33
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,059,848.33
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,101,691.16
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,011
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		84.67
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		80.19
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		80.19
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		220.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		215.14
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		215.14
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		80.19
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		80.19
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		14,673,476.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,127.77
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,172.30
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		80.19
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(21.64)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		58.55



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113212 - 2015/07
Outpatient Rate: 62.70

Type of Control: Proprietary
 Fiscal Year: 6/1/2013 - 5/31/2014
 Hospital Classification: Special

West Florida Hospital
 Type of Action: Unaudited Cost Report

County: Escambia (17)
 District: 1

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	65,574,801.00	47,304,472.00	4,564,326.00	3,182,080.00	Total Bed Days	187,975
2. Routine	41,997,680.00		2,206,625.00		Total Inpatient Days	72,063
3. Special Care	11,919,072.00		1,137,198.00		Total Newborn Days	1,193
4. Newborn Routine	453,236.00		244,282.00		Medicaid Inpatient Days	6,367
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	76
6. Home Health					Medicare Inpatient Days	36,261
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	(1,918,017.81)	(756,438.19)	(130,364.21)	(50,884.13)	Medicaid Paid Claims	23,408
9. Total Cost	118,026,771.19	46,548,033.81	8,022,066.79	3,131,195.87	Property Rate Allowance	0.80
10. Charges	837,967,356.00	499,389,985.00	64,392,613.00	34,211,141.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	15,033,916.00		1,155,263.54		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,177.82	147.83	County Ceiling Base	962.35	185.10	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	737.85	82.96	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,555.74	192.11	FPLI	0.9406

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,131,195.87
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,131,195.87
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,254,815.54
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		23,408
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		139.05
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		85.88
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		85.88
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9406) for Escambia (17)		192.11
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		191.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		191.62
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		85.88
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		85.88
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		34,211,141.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,461.51
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,519.22
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		85.88
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(23.18)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		62.70



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113514 - 2015/07
Outpatient Rate: 107.29

Type of Control: Proprietary
 Fiscal Year: 3/1/2012 - 2/28/2013
 Hospital Classification: Rural Hospital

Putnam Community Hospital

Type of Action: Unaudited Cost Report

County: Putnam (54)
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,709,324.00	18,408,049.00	2,549,648.00	2,973,763.00	Total Bed Days	36,135
2. Routine	13,199,036.00		1,285,931.00		Total Inpatient Days	23,672
3. Special Care	3,079,605.00		230,889.00		Total Newborn Days	987
4. Newborn Routine	169,305.00		123,845.00		Medicaid Inpatient Days	2,522
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	55
6. Home Health					Medicare Inpatient Days	14,764
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0666996047
8. Adjustments	(462,775.92)	(256,921.08)	(58,484.19)	(41,504.80)	Medicaid Paid Claims	29,066
9. Total Cost	32,694,494.08	18,151,127.92	4,131,828.81	2,932,258.20	Property Rate Allowance	1.00
10. Charges	146,009,773.00	116,721,883.00	15,528,515.00	19,845,018.00	First Rate Semester in Effect	2014/07
11. Fixed Costs		2,903,365.00		308,780.34	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,822.92	123.96	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0240
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,435.82	177.30	FPLI	0.8681

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,932,258.20
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,932,258.20
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,127,838.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		29,066
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		107.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		107.61
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8681) for Putnam (54)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		107.61
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		107.61
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		19,845,018.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		682.76
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		728.30
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		107.61
AU	Medicaid Trend Adjustment (IP%: 10.4769 %, OP%: 9.7176 %)		(10.46)
AV	Buy Back of Medicaid Trend Adjustment		10.14
AW			
AX			
AY	Final Prospective Rates		107.29



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115193 - 2015/07
Outpatient Rate: 73.33

Type of Control: Proprietary
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: CHEP

Northside Hospital
 Type of Action: Unaudited Cost Report

County: Pinellas (52)
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	46,154,290.00	29,190,326.00	3,418,231.00	855,069.00	Total Bed Days	78,980
2. Routine	28,105,790.00		1,584,682.00		Total Inpatient Days	44,289
3. Special Care	14,728,022.00		1,311,059.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,988
5. Intern-Resident	0.00		219,240.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	17,494
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(1,404,831.94)	(460,820.06)	(103,138.11)	(13,498.75)	Medicaid Paid Claims	8,647
9. Total Cost	87,583,270.06	28,729,505.94	6,430,073.89	841,570.25	Property Rate Allowance	0.80
10. Charges	831,198,048.00	388,165,993.00	52,032,793.00	16,629,853.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		9,074,813.00		568,081.06	Last Rate Semester in Effect	2015/07

Ceiling and Target Information										
	IP (F)		OP (F)		IP (G)		OP (G)		Inflation / FPLI Data (H)	
	1. Normalized Rate	2,139.80	106.15			County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07			Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920	
3. Ultimate Base Rate Semester	1991/01	1993/01			State Ceiling	1,653.98	204.24	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.015955	1.035233			County Ceiling	1,565.00	193.25	FPLI	0.9462	

Rate Calculations			Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)		Reimbursed by Diagnosis Related Groups	841,570.25
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			841,570.25
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))			868,523.02
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			8,647
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			100.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			100.44
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			100.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)			100.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			16,629,853.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)			1,923.19
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)			1,984.79
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)			100.44
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)			(27.11)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)			0.00
AW	Buy Back of Medicaid Trend Adjustment			0.00
AX				
AY	Final Prospective Rates			73.33



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116483 - 2015/07
Outpatient Rate: 206.72

Type of Control: Nonprofit (Other)

Anne Bates Leach Eye Hospital

County: Dade (13)

Fiscal Year: 6/1/2013 - 5/31/2014

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: Specialized: Eye

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	737,478.00	89,909,015.00	22,861.00	8,217,938.00	Total Bed Days	20,440
2. Routine	5,508,534.00		196,733.00		Total Inpatient Days	264
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	13
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	85
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	(69,504.77)	(1,000,495.23)	(2,443.61)	(91,448.09)	Medicaid Paid Claims	26,482
9. Total Cost	6,176,507.23	88,908,519.77	217,150.39	8,126,489.91	Property Rate Allowance	0.80
10. Charges	4,470,134.00	359,681,591.00	137,029.00	38,864,203.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	3,828,549.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	7,674.03	264.78	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	8,126,489.91
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		8,126,489.91
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		8,447,323.89
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		26,482
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		318.98
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		318.98
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		318.98
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	318.98	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		38,864,203.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,467.57
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		1,525.51
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		318.98
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(86.10)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(26.17)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		206.72



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117463 - 2015/07
Outpatient Rate: 77.67

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Fawcett Memorial Hospital
 Type of Action: Unaudited Cost Report

County: Charlotte (8)
 District: 8

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	51,560,723.00	28,303,760.00	2,052,958.00	1,238,440.00	Total Bed Days	86,505
2. Routine	33,283,464.00		1,177,985.00		Total Inpatient Days	52,470
3. Special Care	7,266,670.00		422,600.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,078
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	31,216
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(1,406,745.29)	(432,263.71)	(55,798.03)	(18,913.84)	Medicaid Paid Claims	8,953
9. Total Cost	90,704,111.71	27,871,496.29	3,597,744.97	1,219,526.16	Property Rate Allowance	0.80
10. Charges	854,495,738.00	335,177,223.00	32,521,400.00	18,337,016.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	8,055,344.00		306,579.72		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,746.49	150.20	County Ceiling Base	984.61	187.86	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	734.73	102.76	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,572.77	194.21	FPLI	0.9509

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,219,526.16
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,219,526.16
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,278,755.22
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,953
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		142.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		106.38
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.38
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9509) for Charlotte (8)		194.21
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		194.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		194.21
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		106.38
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		106.38
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		18,337,016.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,048.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,147.61
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		106.38
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(28.71)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		77.67



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117617 - 2015/07
Outpatient Rate: 70.72

Type of Control: Proprietary
 Fiscal Year: 2/1/2013 - 1/31/2014
 Hospital Classification: Special

Gulf Coast Regional Medical Center

Type of Action: Unaudited Cost Report

County: Bay (3)
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	44,066,181.00	41,792,545.00	6,072,148.00	4,426,760.00	Total Bed Days	71,540
2. Routine	24,515,977.00		4,159,032.00		Total Inpatient Days	43,296
3. Special Care	9,477,102.00		3,042,274.00		Total Newborn Days	3,780
4. Newborn Routine	1,565,484.00		908,645.00		Medicaid Inpatient Days	9,315
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,765
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0470417071
8. Adjustments	(1,517,373.81)	(796,422.19)	(270,262.04)	(84,358.82)	Medicaid Paid Claims	46,501
9. Total Cost	78,107,370.19	40,996,122.81	13,911,836.96	4,342,401.18	Property Rate Allowance	0.80
10. Charges	704,902,060.00	540,605,700.00	100,639,283.00	59,247,852.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	8,881,161.00		1,267,968.60		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,586.36	109.14	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0620
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,481.80	182.98	FPLI	0.8959

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,342,401.18
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,342,401.18
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		4,546,675.14
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		46,501
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		97.78
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		97.78
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8959) for Bay (3)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		97.78
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		97.78
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		59,247,852.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,274.12
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,334.06
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		97.78
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(26.39)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(0.67)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		70.72



Florida Agency for Health Care Administration
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118079 - 2015/07
Outpatient Rate: 75.71

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: Special

Brandon Regional Hospital

Type of Action: Unaudited Cost Report

County: Hillsborough (29)
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	78,239,960.00	74,895,159.00	9,258,254.00	5,408,060.00	Total Bed Days	145,270
2. Routine	61,610,383.00		6,062,855.00		Total Inpatient Days	101,521
3. Special Care	24,787,261.00		4,255,973.00		Total Newborn Days	6,254
4. Newborn Routine	2,132,095.00		1,046,965.00		Medicaid Inpatient Days	13,025
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	29
6. Home Health					Medicare Inpatient Days	29,039
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(3,113,487.53)	(1,398,246.47)	(385,038.25)	(100,965.15)	Medicaid Paid Claims	53,665
9. Total Cost	163,656,211.47	73,496,912.53	20,239,008.75	5,307,094.85	Property Rate Allowance	0.80
10. Charges	1,510,111,015.00	984,086,194.00	127,747,904.00	79,308,167.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		18,878,034.00		1,596,988.07	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,601.70	110.92	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,546.31	190.95	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,307,094.85
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,307,094.85
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		5,564,845.94
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		53,665
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		103.70
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		103.70
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9349) for Hillsborough (29)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		103.70
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		103.70
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		79,308,167.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,477.84
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,549.61
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		103.70
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(27.99)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		75.71



Florida Agency for Health Care Administration

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119695 - 2015/07

Outpatient Rate: 85.45

Lawnwood Regional Medical Center & Heart

Institute

Type of Control: Proprietary

Fiscal Year: 10/1/2013 - 9/30/2014

Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: St Lucie (56)

District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	78,469,967.00	39,801,528.00	12,498,657.00	4,546,746.00	Total Bed Days	135,050
2. Routine	61,400,104.00		8,193,392.00		Total Inpatient Days	101,600
3. Special Care	22,028,887.00		5,542,788.00		Total Newborn Days	2,112
4. Newborn Routine	961,369.00		681,419.00		Medicaid Inpatient Days	16,508
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	71
6. Home Health					Medicare Inpatient Days	37,168
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(3,195,267.71)	(780,893.29)	(528,088.36)	(89,205.71)	Medicaid Paid Claims	40,755
9. Total Cost	159,665,059.29	39,020,634.71	26,388,167.64	4,457,540.29	Property Rate Allowance	0.80
10. Charges	1,572,766,016.00	478,959,672.00	221,194,269.00	60,389,647.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	15,448,896.00		2,172,737.22		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,470.33	110.10	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.66	209.39	FPLI	1.0252

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,457,540.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,457,540.29
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		4,600,300.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		40,755
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.88
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		112.88
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0252) for St Lucie (56)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		112.88
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		112.88
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		60,389,647.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,481.77
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,529.23
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		112.88
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(30.47)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(0.42)
AW	Buy Back of Medicaid Trend Adjustment		3.46
AX			
AY	Final Prospective Rates		85.45



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119717 - 2015/07
Outpatient Rate: 59.90

Type of Control: Government
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

Cape Coral Hospital
 Type of Action: Unaudited Cost Report

County: Lee (36)
 District: 8

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	55,037,710.00	49,735,219.00	4,150,548.00	3,021,287.00	Total Bed Days	106,215
2. Routine	44,713,825.00		2,689,054.00		Total Inpatient Days	70,274
3. Special Care	8,801,917.00		2,357,138.00		Total Newborn Days	0
4. Newborn Routine	6,500,763.00		3,137,884.00		Medicaid Inpatient Days	7,011
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,067
6. Home Health					Medicare Inpatient Days	30,178
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(1,896,442.65)	(819,787.35)	(203,312.04)	(49,799.98)	Medicaid Paid Claims	31,325
9. Total Cost	113,157,772.35	48,915,431.65	12,131,311.96	2,971,487.02	Property Rate Allowance	0.80
10. Charges	566,282,141.00	373,106,315.00	36,386,230.00	27,925,047.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		13,056,154.00		838,917.90	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,522.15	103.29	County Ceiling Base	1,016.73	187.25	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,008.18	79.25	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,567.64	193.58	FPLI	0.9478

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,971,487.02
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,971,487.02
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,066,654.15
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		31,325
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		97.90
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		82.04
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		82.04
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9478) for Lee (36)		193.58
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.85
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.58
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		82.04
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		82.04
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		27,925,047.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		891.46
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		920.01
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		82.04
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(22.14)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		59.90



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119733 - 2015/07
Outpatient Rate: 54.08

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Venice Regional Bayfront Health

Type of Action: Unaudited Cost Report

County: Sarasota (58)
 District: 8

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	52,846,318.00	50,969,263.00	1,146,489.00	794,921.00	Total Bed Days	113,880
2. Routine	30,340,680.00		856,482.00		Total Inpatient Days	45,527
3. Special Care	8,933,674.00		263,135.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,366
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	29,164
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(1,316,536.27)	(728,423.73)	(32,385.90)	(11,360.56)	Medicaid Paid Claims	6,128
9. Total Cost	90,804,135.73	50,240,839.27	2,233,720.10	783,560.44	Property Rate Allowance	0.80
10. Charges	641,504,246.00	480,799,841.00	13,252,190.00	8,450,262.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		13,395,593.00		276,726.06	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,527.27	136.31	County Ceiling Base	985.62	192.01	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	654.66	71.55	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,626.86	200.89	FPLI	0.9836

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	783,560.44
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		783,560.44
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		821,615.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,128
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		134.08
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		74.07
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		74.07
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9836) for Sarasota (58)		200.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		198.78
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		198.78
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		74.07
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		74.07
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		8,450,262.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,378.96
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,445.93
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		74.07
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(19.99)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		54.08



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119741 - 2015/07
Outpatient Rate: 83.20

Type of Control: Proprietary

Fiscal Year: 3/1/2013 - 2/28/2014

Hospital Classification: Statutory Teaching

Largo Medical Center

Type of Action: Unaudited Cost Report

County: Pinellas (52)

District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	85,870,359.00	41,069,901.00	2,810,017.00	1,423,691.00	Total Bed Days	123,735
2. Routine	55,169,845.00		2,530,764.00		Total Inpatient Days	92,235
3. Special Care	14,682,645.00		757,865.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,464
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	42,514
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0455205811
8. Adjustments	(2,425,663.43)	(639,737.57)	(94,997.38)	(22,176.55)	Medicaid Paid Claims	13,272
9. Total Cost	153,297,185.57	40,430,163.43	6,003,648.62	1,401,514.45	Property Rate Allowance	0.80
10. Charges	1,291,696,197.00	452,956,785.00	50,242,530.00	18,625,801.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		15,067,370.00		586,068.76	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,341.01	116.68	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0650
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,565.00	193.25	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,401,514.45
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,401,514.45
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,465,312.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,272
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		110.41
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		110.41
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		110.41
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		110.41
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		18,625,801.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,403.39
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,467.27
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		110.41
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(29.80)
AV	Exemption Tier Adj (IP%: 70.7683 %, OP%: 70.7683 %)		0.00
AW	Buy Back of Medicaid Trend Adjustment		2.59
AX			
AY	Final Prospective Rates		83.20



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119750 - 2015/07
Outpatient Rate: 97.44

Type of Control: Proprietary
 Fiscal Year: 5/1/2013 - 4/30/2014
 Hospital Classification: Rural Hospital

Raulerson Hospital
 Type of Action: Unaudited Cost Report

County: Okeechobee (47)
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	17,645,335.00	16,511,326.00	1,656,236.00	2,089,206.00	Total Bed Days	36,500
2. Routine	15,784,266.00		1,368,154.00		Total Inpatient Days	23,847
3. Special Care	4,386,616.00		345,462.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,133
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,824
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0419884170
8. Adjustments	(676,519.07)	(295,381.93)	(60,285.49)	(37,375.17)	Medicaid Paid Claims	21,942
9. Total Cost	37,139,697.93	16,215,944.07	3,309,566.51	2,051,830.83	Property Rate Allowance	1.00
10. Charges	266,508,789.00	174,659,807.00	23,510,950.00	22,052,446.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	4,302,021.00		379,516.94		Last Rate Semester in Effect	2015/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,380.02	93.94	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0720
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,715.51	211.84	FPLI	1.0372

Rate Calculations			Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)		Reimbursed by Diagnosis Related Groups	2,051,830.83
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			2,051,830.83
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))			2,137,983.95
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			21,942
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			97.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			97.44
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0372) for Okeechobee (47)			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			97.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)			97.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			22,052,446.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)			1,005.03
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)			1,047.23
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)			97.44
AU	Medicaid Trend Adjustment (IP%: 14.3869 %, OP%: 8.0635 %)			(7.86)
AV	Buy Back of Medicaid Trend Adjustment			7.86
AW				
AX				
AY	Final Prospective Rates			97.44



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119768 - 2015/07
Outpatient Rate: 80.73

Type of Control: Proprietary
 Fiscal Year: 11/1/2012 - 10/31/2013
 Hospital Classification: General

Lake City Medical Center
 Type of Action: Unaudited Cost Report

County: Columbia (12)
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,513,749.00	17,204,831.00	799,787.00	1,638,777.00	Total Bed Days	24,455
2. Routine	12,497,315.00		739,325.00		Total Inpatient Days	16,898
3. Special Care	2,317,797.00		117,184.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,118
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,169
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0516317584
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	15,585
9. Total Cost	25,328,861.00	17,204,831.00	1,656,296.00	1,638,777.00	Property Rate Allowance	0.80
10. Charges	148,814,233.00	175,504,044.00	10,082,945.00	16,509,214.00	First Rate Semester in Effect	2014/07
11. Fixed Costs	3,822,805.00		259,015.09		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,453.59	122.30	County Ceiling Base	930.40	173.59	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	535.26	109.04	Cost Report DRI Index	2.0530
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,495.53	184.68	FPLI	0.9042

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,638,777.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,638,777.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,723,389.94
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,585
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		110.58
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		112.88
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		110.58
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9042) for Columbia (12)		184.68
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		179.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		179.71
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		110.58
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		110.58
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		16,509,214.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,059.30
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,114.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		110.58
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(29.85)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		80.73



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119784 - 2015/07
Outpatient Rate: 14.53

Type of Control: Government
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: General

Florida State Hospital-Med
 Type of Action: Unaudited Cost Report

County: Gadsden (20)
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,139,173.00	0.00	0.00	0.00	Total Bed Days	8,760
2. Routine	2,868,217.00		0.00		Total Inpatient Days	4,497
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	0
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	1.0374819798
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	13,007,390.00	0.00	0.00	0.00	Property Rate Allowance	0.80
10. Charges	13,007,390.00	0.00	0.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	701,144.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	3,138.88	0.00	County Ceiling Base	947.49	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	670.18	0.00	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,496.03	184.74	FPLI	0.9045

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9045) for Gadsden (20)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	0.00	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.53	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)	(5.00)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		14.53



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, 2015 through June 30, 2016

119806 - 2015/07
Outpatient Rate: 76.19

Type of Control: Proprietary
 Fiscal Year: 5/1/2013 - 4/30/2014
 Hospital Classification: General

Capital Regional Medical Center

Type of Action: Unaudited Cost Report

County: Leon (37)
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	43,686,486.00	40,972,897.00	6,067,726.00	4,292,343.00	Total Bed Days	88,330
2. Routine	32,431,322.00		3,575,756.00		Total Inpatient Days	49,480
3. Special Care	4,615,134.00		419,026.00		Total Newborn Days	1,988
4. Newborn Routine	859,115.00		497,837.00		Medicaid Inpatient Days	6,153
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	94
6. Home Health					Medicare Inpatient Days	17,108
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0419884170
8. Adjustments	(1,380,558.89)	(693,272.11)	(178,683.79)	(72,627.56)	Medicaid Paid Claims	40,468
9. Total Cost	80,211,498.11	40,279,624.89	10,381,661.21	4,219,715.44	Property Rate Allowance	0.80
10. Charges	583,152,988.00	378,076,177.00	59,664,259.00	41,034,635.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		12,625,021.00		1,291,706.53	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,578.87	113.14	County Ceiling Base	987.23	186.40	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	960.60	100.80	Cost Report DRI Index	2.0720
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,588.32	196.13	FPLI	0.9603

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,219,715.44
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,219,715.44
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		4,396,894.61
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		40,468
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		108.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		104.35
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		104.35
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9603) for Leon (37)		196.13
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.97
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		192.97
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		104.35
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		104.35
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		41,034,635.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,014.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,056.58
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		104.35
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(28.17)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		76.19



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, 2015 through June 30, 2016

119849 - 2015/07
Outpatient Rate: 73.83

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 9/30/2013
 Hospital Classification: General

Tampa Community Hospital

Type of Action: Unaudited Cost Report

County: Hillsborough (29)
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,155,587.00	12,956,279.00	1,050,856.00	1,044,008.00	Total Bed Days	56,238
2. Routine	10,093,881.00		631,693.00		Total Inpatient Days	17,196
3. Special Care	2,222,127.00		53,597.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,654
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,157
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0500972763
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	5,524
9. Total Cost	24,471,595.00	12,956,279.00	1,736,146.00	1,044,008.00	Property Rate Allowance	0.80
10. Charges	107,023,938.00	88,695,374.00	9,458,652.00	8,470,911.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		4,569,015.00		403,804.27	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	904.78	212.28	County Ceiling Base	961.44	183.42	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	661.47	97.68	Cost Report DRI Index	2.0560
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,546.31	190.95	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,044,008.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,044,008.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,096,309.96
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,524
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		198.46
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		101.12
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		101.12
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9349) for Hillsborough (29)		190.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		189.88
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		189.88
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		101.12
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		101.12
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		8,470,911.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,533.47
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,610.30
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		101.12
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(27.29)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		73.83



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, 2015 through June 30, 2016

119881 - 2015/07
Outpatient Rate: 75.36

Type of Control: Proprietary
 Fiscal Year: 3/1/2013 - 2/28/2014
 Hospital Classification: General

Regional Medical Center Bayonet Point

Type of Action: Unaudited Cost Report

County: Pasco (51)
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	63,917,935.00	31,658,235.00	2,928,358.00	1,290,616.00	Total Bed Days	101,470
2. Routine	34,609,458.00		1,986,585.00		Total Inpatient Days	65,933
3. Special Care	20,748,411.00		1,015,005.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	3,813
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	24,211
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0455205811
8. Adjustments	(2,010,926.92)	(533,741.08)	(99,975.78)	(21,759.10)	Medicaid Paid Claims	12,852
9. Total Cost	117,264,877.08	31,124,493.92	5,829,972.22	1,268,856.90	Property Rate Allowance	0.80
10. Charges	1,140,485,557.00	399,078,593.00	53,649,877.00	23,097,601.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		11,365,650.00		534,654.49	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,509.95	107.34	County Ceiling Base	879.92	184.22	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	856.23	106.66	Cost Report DRI Index	2.0650
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,590.47	196.40	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,268,856.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,268,856.90
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,326,616.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,852
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		103.22
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		110.42
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		103.22
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9616) for Pasco (51)		196.40
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		190.71
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		103.22
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		103.22
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		23,097,601.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,797.20
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,879.01
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		103.22
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(27.86)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		75.36



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, 2015 through June 30, 2016

119938 - 2015/07
Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 9/1/2013 - 8/31/2014
 Hospital Classification: General

Kindred Hospital-South Florida-Coral Gables

Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,909,508.00	0.00	0.00	0.00	Total Bed Days	20,043
2. Routine	10,287,525.00		0.00		Total Inpatient Days	17,111
3. Special Care	1,726,368.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	0
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	1.0335088559
8. Adjustments	(431,638.00)	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	22,491,763.00	0.00	0.00	0.00	Property Rate Allowance	0.80
10. Charges	120,200,281.00	0.00	0.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	3,041,745.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	975.17	0.00	County Ceiling Base	1,051.21	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	881.97	0.00	Cost Report DRI Index	2.0890
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		0.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.53	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)	(5.00)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		14.53



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, 2015 through June 30, 2016

119946 - 2015/07
Outpatient Rate: 73.83

Type of Control: Proprietary
 Fiscal Year: 9/1/2013 - 8/31/2014
 Hospital Classification: General

South Bay Hospital
 Type of Action: Unaudited Cost Report

County: Hillsborough (29)
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	25,279,174.00	17,606,980.00	639,756.00	573,771.00	Total Bed Days	40,880
2. Routine	21,873,314.00		557,239.00		Total Inpatient Days	34,628
3. Special Care	3,635,230.00		163,332.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	970
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,214
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0335088559
8. Adjustments	(783,674.40)	(271,682.60)	(20,990.38)	(8,853.51)	Medicaid Paid Claims	5,730
9. Total Cost	50,004,043.60	17,335,297.40	1,339,336.62	564,917.49	Property Rate Allowance	0.80
10. Charges	482,787,968.00	224,077,845.00	11,708,636.00	8,524,046.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	4,819,971.00		116,894.56		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,393.17	108.99	County Ceiling Base	972.81	184.70	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	870.88	97.68	Cost Report DRI Index	2.0890
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,546.31	190.95	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	564,917.49
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		564,917.49
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		583,847.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,730
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		101.89
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		101.12
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		101.12
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9349) for Hillsborough (29)		190.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		191.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		190.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		101.12
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		101.12
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		8,524,046.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,487.62
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,537.47
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		101.12
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(27.29)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		73.83



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, 2015 through June 30, 2016

119954 - 2015/07
Outpatient Rate: 72.53

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Doctors Hospital Of Sarasota

Type of Action: Unaudited Cost Report

County: Sarasota (58)
 District: 8

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	37,223,581.00	26,905,263.00	692,878.00	442,019.00	Total Bed Days	56,575
2. Routine	23,141,177.00		504,888.00		Total Inpatient Days	31,420
3. Special Care	3,816,687.00		184,006.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	779
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,776
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(1,024,796.78)	(429,601.22)	(22,063.00)	(7,057.80)	Medicaid Paid Claims	4,242
9. Total Cost	63,156,648.22	26,475,661.78	1,359,709.00	434,961.20	Property Rate Allowance	0.80
10. Charges	450,831,934.00	252,324,936.00	9,351,990.00	5,356,195.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		7,642,971.00		158,544.64	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,643.78	109.31	County Ceiling Base	985.62	192.01	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,026.15	95.96	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,626.86	200.89	FPLI	0.9836

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	434,961.20
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		434,961.20
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		456,086.08
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		4,242
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		107.52
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		99.34
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		99.34
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9836) for Sarasota (58)		200.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		198.78
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		198.78
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		99.34
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		99.34
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		5,356,195.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,262.66
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,323.98
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		99.34
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(26.81)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		72.53



Florida Agency for Health Care Administration
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119971 - 2015/07
Outpatient Rate: 81.27

Type of Control: Proprietary
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: CHEP

St. Lucie Medical Center
 Type of Action: Unaudited Cost Report

County: St Lucie (56)
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	52,591,003.00	25,392,310.00	4,495,199.00	1,730,404.00	Total Bed Days	83,585
2. Routine	36,991,402.00		2,764,652.00		Total Inpatient Days	56,469
3. Special Care	6,692,564.00		503,032.00		Total Newborn Days	1,861
4. Newborn Routine	638,521.00		465,943.00		Medicaid Inpatient Days	4,562
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	110
6. Home Health					Medicare Inpatient Days	27,474
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(1,847,489.22)	(484,060.78)	(156,868.43)	(32,987.18)	Medicaid Paid Claims	15,570
9. Total Cost	95,066,000.78	24,908,249.22	8,071,957.57	1,697,416.82	Property Rate Allowance	0.80
10. Charges	893,061,424.00	283,314,698.00	59,902,385.00	20,863,106.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	11,258,100.00		755,140.71		Last Rate Semester in Effect	2015/07

Ceiling and Target Information										
	IP (F)		OP (F)		IP (G)		OP (G)		Inflation / FPLI Data (H)	
	1. Normalized Rate	1,576.53	109.74			County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07			Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0920	
3. Ultimate Base Rate Semester	1991/01	1993/01			State Ceiling	1,653.98	204.24	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.015955	1.035233			County Ceiling	1,695.66	209.39	FPLI	1.0252	

Rate Calculations			Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)		Reimbursed by Diagnosis Related Groups	1,697,416.82
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			1,697,416.82
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))			1,751,779.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			15,570
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			112.51
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			112.51
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0252) for St Lucie (56)			Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			112.51
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)			112.51
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			20,863,106.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)			1,339.96
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)			1,382.87
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)			112.51
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)			(30.37)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)			(0.87)
AW	Buy Back of Medicaid Trend Adjustment			0.00
AX				
AY	Final Prospective Rates			81.27



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119989 - 2015/07
Outpatient Rate: 62.09

Type of Control: Proprietary
 Fiscal Year: 6/1/2013 - 5/31/2014
 Hospital Classification: General

Seven Rivers Regional Medical Center

Type of Action: Unaudited Cost Report

County: Citrus (9)
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	27,414,599.00	19,523,672.00	2,758,991.00	1,308,123.00	Total Bed Days	46,720
2. Routine	14,339,446.00		1,314,943.00		Total Inpatient Days	29,224
3. Special Care	4,868,362.00		594,219.00		Total Newborn Days	405
4. Newborn Routine	167,334.00		131,388.00		Medicaid Inpatient Days	3,124
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	13
6. Home Health					Medicare Inpatient Days	17,370
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	(732,123.33)	(305,488.67)	(75,098.85)	(20,468.32)	Medicaid Paid Claims	15,739
9. Total Cost	46,057,617.67	19,218,183.33	4,724,442.15	1,287,654.68	Property Rate Allowance	0.80
10. Charges	369,666,916.00	212,245,074.00	29,708,081.00	21,096,794.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	5,010,021.00		402,627.62		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,611.43	95.69	County Ceiling Base	877.94	174.52	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	748.15	83.02	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,469.89	181.51	FPLI	0.8887

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,287,654.68
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,287,654.68
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,338,491.31
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,739
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		85.04
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		85.95
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		85.04
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8887) for Citrus (9)		181.51
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		180.67
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		180.67
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		85.04
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		85.04
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		21,096,794.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,340.42
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,393.33
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		85.04
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(22.95)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		62.09



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120006 - 2015/07
Outpatient Rate: 68.35

Type of Control: Proprietary
 Fiscal Year: 9/1/2013 - 8/31/2014
 Hospital Classification: Special

Plantation General Hospital
 Type of Action: Unaudited Cost Report

County: Broward (6)
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	105,952,210.00	75,089,564.00	14,765,509.00	6,631,647.00	Total Bed Days	239,075
2. Routine	80,833,398.00		9,064,784.00		Total Inpatient Days	120,905
3. Special Care	29,001,887.00		8,326,076.00		Total Newborn Days	8,423
4. Newborn Routine	1,498,452.00		617,135.00		Medicaid Inpatient Days	21,215
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	45
6. Home Health					Medicare Inpatient Days	25,801
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0335088559
8. Adjustments	(3,619,221.37)	(1,250,728.63)	(545,891.57)	(110,459.97)	Medicaid Paid Claims	71,939
9. Total Cost	213,666,725.63	73,838,835.37	32,227,612.43	6,521,187.03	Property Rate Allowance	0.80
10. Charges	1,675,952,861.00	855,521,461.00	232,985,683.00	73,565,189.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		21,111,842.00		2,934,901.72	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,316.08	86.59	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0890
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	6,521,187.03
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,521,187.03
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		6,739,704.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		71,939
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		93.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		93.69
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		93.69
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		93.69
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		73,565,189.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,022.61
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,056.87
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		93.69
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(25.29)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(0.05)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		68.35



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120014 - 2015/07
Outpatient Rate: 58.76

Type of Control: Proprietary
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

Sebastian Hospital
 Type of Action: Unaudited Cost Report

County: Indian River (31)
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	24,522,847.00	26,671,777.00	956,393.00	698,288.00	Total Bed Days	44,165
2. Routine	16,956,923.00		838,702.00		Total Inpatient Days	24,636
3. Special Care	4,538,139.00		59,125.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,164
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,481
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(313,074.44)	(181,456.56)	(12,614.85)	(4,750.67)	Medicaid Paid Claims	8,893
9. Total Cost	45,704,834.56	26,490,320.44	1,841,605.15	693,537.33	Property Rate Allowance	0.80
10. Charges	418,432,081.00	399,783,453.00	15,515,857.00	13,636,351.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	6,355,146.00		235,654.82		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,500.71		84.83	County Ceiling Base	966.75	176.59
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	783.11	93.89	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,569.30	193.79	FPLI	0.9488

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	693,537.33
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		693,537.33
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		715,749.08
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,893
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		80.48
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		97.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		80.48
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9488) for Indian River (31)		193.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		182.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		182.81
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		80.48
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		80.48
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		13,636,351.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,533.38
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,582.49
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		80.48
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(21.72)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		58.76



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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120022 - 2015/07
Outpatient Rate: 14.53

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

St. Catherine's Rehabilitation Hospital

Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,299,217.00	875,388.00	653,470.00	0.00	Total Bed Days	21,900
2. Routine	11,619,548.00		1,282,077.00		Total Inpatient Days	16,096
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,776
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,598
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(361,160.05)	(14,423.95)	(31,892.41)	0.00	Medicaid Paid Claims	0
9. Total Cost	21,557,604.95	860,964.05	1,903,654.59	0.00	Property Rate Allowance	0.80
10. Charges	45,573,236.00	1,851,042.00	3,797,710.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		2,180,850.00		181,734.64	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	830.58	0.00	County Ceiling Base	1,051.21	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	626.12	0.00	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.53
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)		(5.00)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		14.53



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120057 - 2015/07
Outpatient Rate: 134.53

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: Special

Healthsouth Larkin Hospital-Miami

Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	22,791,884.00	14,550,375.00	1,282,869.00	979,837.00	Total Bed Days	47,450
2. Routine	17,436,303.00		1,314,842.00		Total Inpatient Days	30,359
3. Special Care	1,822,648.00		188,907.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,438
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,715
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	5,080
9. Total Cost	42,050,835.00	14,550,375.00	2,786,618.00	979,837.00	Property Rate Allowance	0.80
10. Charges	182,390,041.00	92,209,275.00	14,516,681.00	4,342,805.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		8,794,248.00		699,946.62	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	744.97	167.88	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	979,837.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		979,837.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,027,425.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,080
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		202.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		202.25
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		202.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		202.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		4,342,805.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		854.88
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		896.40
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		202.25
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(54.59)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(13.13)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		134.53



Florida Agency for Health Care Administration
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120073 - 2015/07
Outpatient Rate: 64.04

Type of Control: Proprietary
 Fiscal Year: 3/1/2013 - 2/28/2014
 Hospital Classification: General

Oak Hill Hospital
 Type of Action: Unaudited Cost Report

County: Hernando (27)
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	57,236,910.00	32,246,348.00	1,837,903.00	1,427,399.00	Total Bed Days	91,813
2. Routine	39,302,334.00		1,349,959.00		Total Inpatient Days	60,724
3. Special Care	14,492,928.00		655,017.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,387
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	30,887
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0455205811
8. Adjustments	(1,936,159.77)	(562,306.23)	(67,011.46)	(24,890.74)	Medicaid Paid Claims	15,340
9. Total Cost	109,096,012.23	31,684,041.77	3,775,867.54	1,402,508.26	Property Rate Allowance	0.80
10. Charges	1,150,322,353.00	491,209,472.00	38,010,023.00	28,060,384.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		15,271,667.00		504,620.65	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,579.92	105.40	County Ceiling Base	916.51	179.17	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	664.23	84.73	Cost Report DRI Index	2.0650
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,500.00	185.23	FPLI	0.9069

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,402,508.26
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,402,508.26
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,466,351.25
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,340
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		95.59
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		87.72
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		87.72
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9069) for Hernando (27)		185.23
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		185.23
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		87.72
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		87.72
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		28,060,384.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,829.23
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,912.50
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		87.72
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(23.67)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		64.04



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120081 - 2015/07
Outpatient Rate: 73.44

Type of Control: Nonprofit (Other)
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Mease Countryside Hospital

Type of Action: Unaudited Cost Report

County: Pinellas (52)
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	64,432,340.00	65,937,762.00	8,267,787.00	2,754,748.00	Total Bed Days	106,215
2. Routine	45,605,005.00		3,939,319.00		Total Inpatient Days	70,226
3. Special Care	14,746,198.00		4,005,851.00		Total Newborn Days	4,049
4. Newborn Routine	1,441,147.00		795,504.00		Medicaid Inpatient Days	9,806
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	93
6. Home Health					Medicare Inpatient Days	28,707
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(2,162,287.53)	(1,129,544.47)	(291,362.83)	(47,190.11)	Medicaid Paid Claims	20,807
9. Total Cost	124,062,402.47	64,808,217.53	16,717,098.17	2,707,557.89	Property Rate Allowance	0.80
10. Charges	601,572,539.00	497,464,116.00	70,600,974.00	18,196,899.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	14,748,853.00		1,730,935.71		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,677.69	144.21	County Ceiling Base	959.45	183.03	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	842.26	97.17	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,565.00	193.25	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,707,557.89
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,707,557.89
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,839,056.57
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		20,807
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		136.45
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		100.59
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		100.59
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)		193.25
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		189.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		189.48
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		100.59
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		100.59
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		18,196,899.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		874.56
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		917.03
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		100.59
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(27.15)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		73.44



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120090 - 2015/07
Outpatient Rate: 94.57

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Delray Comm. Hosp.
 Type of Action: Unaudited Cost Report

County: Palm Beach (50)
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	92,635,102.00	46,222,249.00	3,701,391.00	935,331.00	Total Bed Days	167,535
2. Routine	67,786,896.00		2,095,100.00		Total Inpatient Days	96,789
3. Special Care	21,070,206.00		894,069.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	3,387
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	50,815
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	7,769
9. Total Cost	181,492,204.00	46,222,249.00	6,690,560.00	935,331.00	Property Rate Allowance	0.80
10. Charges	1,263,842,274.00	440,931,788.00	52,393,694.00	10,363,033.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		14,520,595.00		601,964.05	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,838.79	123.15	County Ceiling Base	1,054.35	202.52	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	815.72	120.94	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.50	209.37	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	935,331.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		935,331.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		980,757.47
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,769
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		126.24
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		125.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		125.20
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		209.37
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		209.66
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		209.37
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		125.20
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		125.20
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		10,363,033.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,333.90
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,398.68
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		125.20
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(32.90)
AV	Buy Back of Medicaid Trend Adjustment		2.27
AW			
AX			
AY	Final Prospective Rates		94.57



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120103 - 2015/07

Outpatient Rate: 89.42

Type of Control: Proprietary
 Fiscal Year: 5/1/2013 - 4/30/2014
 Hospital Classification: CHEP

St. Petersburg General Hospital

Type of Action: Unaudited Cost Report

County: Pinellas (52)
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	23,996,946.00	28,027,182.00	3,890,719.00	2,123,313.00	Total Bed Days	78,475
2. Routine	17,108,058.00		1,982,055.00		Total Inpatient Days	25,499
3. Special Care	6,611,899.00		650,014.00		Total Newborn Days	1,890
4. Newborn Routine	1,952,721.00		1,272,890.00		Medicaid Inpatient Days	3,155
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	210
6. Home Health					Medicare Inpatient Days	9,637
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0419884170
8. Adjustments	(654,163.05)	(369,125.95)	(102,671.29)	(27,964.64)	Medicaid Paid Claims	17,709
9. Total Cost	49,015,460.95	27,658,056.05	7,693,006.71	2,095,348.36	Property Rate Allowance	0.80
10. Charges	447,281,259.00	367,405,796.00	48,534,340.00	37,872,789.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	6,199,066.00		672,658.58		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,297.49		130.30	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0720
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,565.00	193.25	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,095,348.36
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,095,348.36
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,183,328.73
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,709
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		123.29
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		123.29
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		123.29
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		123.29
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		37,872,789.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,138.62
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,228.42
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		123.29
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(33.28)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(0.59)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		89.42



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120111 - 2015/07
Outpatient Rate: 106.52

Type of Control: Proprietary
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

Palms Of Pasadena Hospital

Type of Action: Unaudited Cost Report

County: Pinellas (52)
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	27,167,245.00	17,460,631.00	780,047.00	288,345.00	Total Bed Days	68,255
2. Routine	17,280,612.00		210,390.00		Total Inpatient Days	25,705
3. Special Care	4,368,785.00		212,670.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	707
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,675
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(704,053.62)	(251,824.38)	(17,351.70)	(4,158.63)	Medicaid Paid Claims	1,589
9. Total Cost	48,112,588.38	17,208,806.62	1,185,755.30	284,186.37	Property Rate Allowance	0.80
10. Charges	409,250,021.00	209,087,430.00	11,107,386.00	4,578,350.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		7,622,055.00		206,868.91	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,510.15	195.07	County Ceiling Base	970.78	186.93	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	928.25	140.93	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,565.00	193.25	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	284,186.37
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		284,186.37
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		293,287.94
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		1,589
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		184.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		145.90
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		145.90
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)		193.25
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.25
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		145.90
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		145.90
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		4,578,350.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,881.28
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,973.56
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		145.90
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(39.38)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		106.52



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120138 - 2015/07
Outpatient Rate: 79.10

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: Special

Kendall Regional Medical Center

Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	93,500,205.00	52,694,859.00	17,328,699.00	5,614,084.00	Total Bed Days	151,055
2. Routine	56,617,973.00		7,970,095.00		Total Inpatient Days	95,488
3. Special Care	27,253,023.00		6,462,843.00		Total Newborn Days	3,138
4. Newborn Routine	2,133,059.00		1,516,522.00		Medicaid Inpatient Days	16,626
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	3
6. Home Health					Medicare Inpatient Days	18,068
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(3,199,014.61)	(939,095.39)	(593,062.90)	(100,050.75)	Medicaid Paid Claims	53,369
9. Total Cost	176,305,245.39	51,755,763.61	32,685,096.10	5,514,033.25	Property Rate Allowance	0.80
10. Charges	1,648,081,348.00	576,754,708.00	236,713,537.00	83,010,332.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		25,028,106.00		3,594,780.99	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,522.65	89.93	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)		5,514,033.25
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,514,033.25
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		5,781,834.76
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		53,369
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		108.34
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		108.34
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		108.34
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		108.34
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		83,010,332.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,555.40
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,630.95
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		108.34
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(29.24)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates	Reimbursed by Diagnosis Related Groups	79.10



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120227 - 2015/07
Outpatient Rate: 114.54

Type of Control: Nonprofit (Other)
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: Special

St Antonys Hospital
 Type of Action: Unaudited Cost Report

County: Pinellas (52)
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	61,213,581.00	53,286,130.00	11,104,589.00	3,018,692.00	Total Bed Days	112,785
2. Routine	64,406,284.00		9,156,731.00		Total Inpatient Days	80,309
3. Special Care	12,552,235.00		1,957,876.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	13,250
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	35,211
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(1,877,090.31)	(723,900.69)	(301,851.37)	(41,009.42)	Medicaid Paid Claims	18,888
9. Total Cost	136,295,009.69	52,562,229.31	21,917,344.63	2,977,682.58	Property Rate Allowance	0.80
10. Charges	631,411,671.00	403,988,448.00	113,267,637.00	20,427,729.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	15,168,019.00		2,720,959.64		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,605.52	174.71	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,565.00	193.25	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,977,682.58
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,977,682.58
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,122,300.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,888
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		165.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		165.31
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		165.31
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		165.31
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		20,427,729.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,081.52
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,134.05
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		165.31
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(44.62)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(6.15)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		114.54



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120243 - 2015/07
Outpatient Rate: 82.90

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

W. Boca Med. Ctr.
 Type of Action: Unaudited Cost Report

County: Palm Beach (50)
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,161,990.00	32,134,793.00	6,179,221.00	2,576,585.00	Total Bed Days	71,175
2. Routine	22,235,983.00		3,810,009.00		Total Inpatient Days	42,555
3. Special Care	13,281,740.00		3,814,571.00		Total Newborn Days	4,358
4. Newborn Routine	2,009,743.00		844,845.00		Medicaid Inpatient Days	9,329
5. Intern-Resident	65,196.00		0.00		Medicaid Newborn IP Days	31
6. Home Health					Medicare Inpatient Days	9,873
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	23,794
9. Total Cost	77,754,652.00	32,134,793.00	14,648,646.00	2,576,585.00	Property Rate Allowance	0.80
10. Charges	345,610,822.00	203,363,467.00	57,456,835.00	13,318,798.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		9,390,698.00		1,561,177.35	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,430.24	110.77	County Ceiling Base	1,054.35	202.52	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,259.31	113.75	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.50	209.37	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,576,585.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,576,585.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,701,722.69
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		23,794
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		113.55
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		117.76
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		113.55
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		209.37
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		209.66
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		209.37
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		113.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		113.55
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		13,318,798.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		559.75
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		586.94
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		113.55
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(30.65)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		82.90



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120260 - 2015/07

Outpatient Rate: 85.95

Type of Control: Proprietary
 Fiscal Year: 6/1/2013 - 5/31/2014
 Hospital Classification: CHEP

Palms West Hospital

Type of Action: Unaudited Cost Report

County: Palm Beach (50)
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	47,464,340.00	34,501,339.00	8,746,281.00	4,513,054.00	Total Bed Days	74,460
2. Routine	36,571,655.00		7,045,690.00		Total Inpatient Days	53,117
3. Special Care	6,393,184.00		723,663.00		Total Newborn Days	2,926
4. Newborn Routine	756,989.00		454,553.00		Medicaid Inpatient Days	10,111
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	235
6. Home Health					Medicare Inpatient Days	11,508
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394800193
8. Adjustments	(1,400,193.59)	(529,779.41)	(260,582.80)	(69,299.43)	Medicaid Paid Claims	36,165
9. Total Cost	89,785,974.41	33,971,559.59	16,709,604.20	4,443,754.57	Property Rate Allowance	0.80
10. Charges	685,170,727.00	331,025,533.00	104,872,722.00	41,149,431.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		12,225,484.00		1,871,241.33	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,454.33	124.60	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0770
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.50	209.37	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,443,754.57
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,443,754.57
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		4,619,194.09
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		36,165
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		127.73
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		127.73
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		127.73
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		127.73
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		41,149,431.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,137.82
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,182.75
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		127.73
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(34.47)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(7.30)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		85.95



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120278 - 2015/07
Outpatient Rate: 28.45

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

HealthSouth Rehabilitation Hospital-Sunrise

Type of Action: Unaudited Cost Report

County: Broward (6)
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	13,284,325.00	2,596,518.00	18,215.00	3,717.00	Total Bed Days	45,990
2. Routine	16,907,029.00		24,672.00		Total Inpatient Days	32,208
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	47
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	22,433
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(610,558.71)	(52,509.29)	(867.30)	(75.17)	Medicaid Paid Claims	98
9. Total Cost	29,580,795.29	2,544,008.71	42,019.70	3,641.83	Property Rate Allowance	0.80
10. Charges	60,911,011.00	11,909,101.00	83,774.00	10,087.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	2,656,790.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	810.11	36.01	County Ceiling Base	1,014.06	207.82	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	526.09	47.28	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,641.83
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		3,641.83
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,818.71
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		98
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		38.97
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		48.95
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		38.97
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		220.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		215.14
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		215.14
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		38.97
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		38.97
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		10,087.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		102.93
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		107.93
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		38.97
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(10.52)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		28.45



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120294 - 2015/07
Outpatient Rate: 74.68

Type of Control: Nonprofit (Other)
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

Jupiter Hospital
 Type of Action: Unaudited Cost Report

County: Palm Beach (50)
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	54,400,208.00	69,370,405.00	1,097,569.00	1,047,640.00	Total Bed Days	59,495
2. Routine	31,376,058.00		864,516.00		Total Inpatient Days	42,598
3. Special Care	7,088,247.00		261,056.00		Total Newborn Days	2,402
4. Newborn Routine	664,474.00		157,126.00		Medicaid Inpatient Days	1,384
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	20,476
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(226,031.53)	(167,647.47)	(5,752.39)	(2,531.83)	Medicaid Paid Claims	8,472
9. Total Cost	93,302,955.47	69,202,757.53	2,374,514.61	1,045,108.17	Property Rate Allowance	0.80
10. Charges	416,383,360.00	442,963,754.00	9,436,113.00	7,155,412.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	16,564,438.00		375,384.62		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,454.22	124.19	County Ceiling Base	1,054.35	202.52	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	958.26	98.81	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.50	209.37	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,045,108.17
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,045,108.17
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,078,579.61
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,472
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		127.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		102.29
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		102.29
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		209.37
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		209.66
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		209.37
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		102.29
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		102.29
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		7,155,412.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		844.60
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		871.65
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		102.29
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(27.61)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		74.68



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, 2015 through June 30, 2016

120308 - 2015/07
Outpatient Rate: 67.18

Type of Control: Proprietary
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: CHEP

West Palm Hospital
 Type of Action: Unaudited Cost Report

County: Palm Beach (50)
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	19,262,997.00	20,360,000.00	1,324,792.00	766,315.00	Total Bed Days	85,045
2. Routine	26,371,738.00		2,719,801.00		Total Inpatient Days	41,426
3. Special Care	3,448,897.00		189,261.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,334
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,311
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(660,367.92)	(273,922.08)	(56,961.99)	(10,309.95)	Medicaid Paid Claims	7,782
9. Total Cost	48,423,264.08	20,086,077.92	4,176,892.01	756,005.05	Property Rate Allowance	0.80
10. Charges	370,871,021.00	214,763,078.00	30,844,984.00	8,083,005.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	6,689,115.00		556,327.22		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	845.48		98.32	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,695.50	209.37	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	756,005.05
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		756,005.05
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		784,341.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,782
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		100.79
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		100.79
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		100.79
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		100.79
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		8,083,005.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,038.68
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,077.61
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		100.79
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(27.20)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(6.41)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		67.18



Florida Agency for Health Care Administration

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120324 - 2015/07

Outpatient Rate: 280.75

H Lee Moffitt Cancer Center & Research Institute

Hospital

Type of Control: Nonprofit (Other)

Fiscal Year: 7/1/2013 - 6/30/2014

Hospital Classification: Specialized/Statutory Teaching

Type of Action: Unaudited Cost Report

County: Hillsborough (29)

District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	87,747,676.00	375,092,117.00	8,877,111.00	17,797,490.00	Total Bed Days	75,190
2. Routine	52,417,605.00		4,204,995.00		Total Inpatient Days	59,578
3. Special Care	10,800,239.00		706,136.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,444
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	19,471
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	38,192
9. Total Cost	150,965,520.00	375,092,117.00	13,788,242.00	17,797,490.00	Property Rate Allowance	0.80
10. Charges	512,482,028.00	1,552,577,197.00	38,240,028.00	77,296,793.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		43,104,716.00		3,216,357.76	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	2,639.94	517.13	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,546.31	190.95	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	17,797,490.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		17,797,490.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		18,464,575.16
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		38,192
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		483.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		483.47
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9349) for Hillsborough (29)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		483.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		483.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		77,296,793.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,023.90
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,099.76
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		483.47
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(130.49)
AV	Exemption Tier Adj (IP%: 66.1809 %, OP%: 66.1809 %)		(72.23)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		280.75



Florida Agency for Health Care Administration
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120332 - 2015/07
Outpatient Rate: 63.65

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

HealthSouth Rehabilitation Hospital of Tallahassee

Type of Action: Unaudited Cost Report

County: Leon (37)
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,022,231.00	289,718.00	46,575.00	26,947.00	Total Bed Days	27,740
2. Routine	9,224,381.00		80,388.00		Total Inpatient Days	15,950
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	139
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,321
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(273,639.27)	(5,199.73)	(2,278.67)	(483.63)	Medicaid Paid Claims	233
9. Total Cost	14,972,972.73	284,518.27	124,684.33	26,463.37	Property Rate Allowance	0.80
10. Charges	23,720,784.00	1,140,823.00	202,848.00	71,324.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		1,967,957.00		0.00	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	890.31	124.02	County Ceiling Base	987.23	186.40	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	501.56	84.22	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,588.32	196.13	FPLI	0.9603

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	26,463.37
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		26,463.37
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		27,748.62
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		233
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.09
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		87.19
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		87.19
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9603) for Leon (37)		196.13
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.97
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		192.97
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		87.19
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		87.19
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		71,324.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		306.11
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		320.98
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		87.19
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)	(23.53)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		63.65



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
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120341 - 2015/07

Outpatient Rate: 14.53

HealthSouth Treasure Coast Rehabilitation

Type of Control: Proprietary

Hospital

County: Indian River (31)

Fiscal Year: 1/1/2013 - 12/31/2013

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,534,262.00	0.00	191,560.00	0.00	Total Bed Days	31,660
2. Routine	10,841,619.00		239,506.00		Total Inpatient Days	18,579
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	411
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,651
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(359,477.00)	0.00	(8,432.70)	0.00	Medicaid Paid Claims	0
9. Total Cost	18,016,404.00	0.00	422,633.30	0.00	Property Rate Allowance	0.80
10. Charges	32,698,800.00	0.00	787,672.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	2,776,139.00		66,873.61		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	956.61		0.00	County Ceiling Base	966.75	176.59
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	498.33	56.50	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,569.30	193.79	FPLI	0.9488

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		58.49
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9488) for Indian River (31)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		182.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.53
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)		(5.00)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		14.53



Florida Agency for Health Care Administration
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120375 - 2015/07
Outpatient Rate: 38.79

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

Aventura Hospital and Medical Center

Type of Action: Unaudited Cost Report

County: Dade (13)
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	107,358,102.00	46,353,061.00	5,321,846.00	1,455,929.00	Total Bed Days	148,555
2. Routine	73,057,810.00		4,518,271.00		Total Inpatient Days	111,329
3. Special Care	18,757,907.00		975,858.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	7,210
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	39,566
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(3,337,986.50)	(776,838.50)	(181,266.69)	(24,400.15)	Medicaid Paid Claims	16,150
9. Total Cost	195,835,832.50	45,576,222.50	10,634,708.31	1,431,528.85	Property Rate Allowance	0.80
10. Charges	1,493,738,698.00	452,846,589.00	79,401,014.00	14,936,089.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	19,299,827.00		1,025,899.53		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,159.98	77.15	County Ceiling Base	1,051.21	230.71	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	667.66	51.32	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,431,528.85
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,431,528.85
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,501,054.29
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		16,150
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		92.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		53.13
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		53.13
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		53.13
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		53.13
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		14,936,089.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		924.84
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		969.75
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		53.13
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(14.34)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		38.79



Florida Agency for Health Care Administration
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120383 - 2015/07
Outpatient Rate: 14.53

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

HealthSouth Rehabilitation Hospital Sarasota

Type of Action: Unaudited Cost Report

County: Sarasota (58)
 District: 8

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,030,207.00	0.00	57,550.00	0.00	Total Bed Days	35,040
2. Routine	15,172,049.00		98,922.00		Total Inpatient Days	28,526
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	186
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	24,482
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(555,413.00)	0.00	(3,448.37)	0.00	Medicaid Paid Claims	0
9. Total Cost	24,646,843.00	0.00	153,023.63	0.00	Property Rate Allowance	0.80
10. Charges	49,005,602.00	135.00	308,749.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	2,263,829.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	836.48	0.00	County Ceiling Base	985.62	0.00	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	457.02	0.00	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,626.86	200.89	FPLI	0.9836

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient	
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)			0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))			0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9836) for Sarasota (58)			0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)			0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.53	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)		(5.00)	
AV	Buy Back of Medicaid Trend Adjustment		0.00	
AW				
AX				
AY	Final Prospective Rates		14.53	



Florida Agency for Health Care Administration
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120405 - 2015/07
Outpatient Rate: 89.38

Type of Control: Government
 Fiscal Year: 7/1/2013 - 6/30/2014
 Hospital Classification: Special-Public

Broward Health Coral Springs

Type of Action: Unaudited Cost Report

County: Broward (6)
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	42,382,704.00	51,356,003.00	9,901,481.00	6,160,628.00	Total Bed Days	72,095
2. Routine	25,689,059.00		5,515,053.00		Total Inpatient Days	49,875
3. Special Care	18,345,223.00		3,594,387.00		Total Newborn Days	4,805
4. Newborn Routine	343,494.00		213,612.00		Medicaid Inpatient Days	10,872
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	41
6. Home Health					Medicare Inpatient Days	8,810
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	(1,093,300.34)	(647,155.66)	(242,255.33)	(77,632.31)	Medicaid Paid Claims	53,731
9. Total Cost	85,667,179.66	50,708,847.34	18,982,277.67	6,082,995.69	Property Rate Allowance	0.80
10. Charges	334,417,392.00	293,103,580.00	60,347,108.00	30,068,927.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	9,494,271.00		1,713,283.49		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,517.32	108.55	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	6,082,995.69
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,082,995.69
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		6,310,998.41
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		53,731
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		117.46
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		117.46
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		117.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		117.46
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		30,068,927.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		559.62
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		580.60
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		117.46
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(31.70)
AV	Exemption Tier Adj (IP%: 70.7683 %, OP%: 70.7683 %)		(0.10)
AW	Buy Back of Medicaid Trend Adjustment		3.73
AX			
AY	Final Prospective Rates		89.38



Florida Agency for Health Care Administration
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120413 - 2015/07
Outpatient Rate: 52.40

Type of Control: Proprietary
 Fiscal Year: 4/1/2014 - 9/30/2014
 Hospital Classification: General

Bartow Regional Medical Center
 Type of Action: Unaudited Cost Report

County: Polk (53)
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,127,061.00	9,362,677.00	199,960.00	442,400.00	Total Bed Days	13,176
2. Routine	4,560,640.00		130,203.00		Total Inpatient Days	6,591
3. Special Care	1,169,531.00		53,472.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	224
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,879
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0295660467
8. Adjustments	(200,940.71)	(158,666.29)	(6,501.34)	(7,497.21)	Medicaid Paid Claims	5,971
9. Total Cost	11,656,291.29	9,204,010.71	377,133.66	434,902.79	Property Rate Allowance	0.80
10. Charges	76,130,070.00	87,613,350.00	2,387,716.00	4,852,631.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		2,250,879.00		70,595.76	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,494.41	79.54	County Ceiling Base	916.04	186.26	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	888.27	69.33	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,559.37	192.56	FPLI	0.9428

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	434,902.79
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		434,902.79
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		447,761.15
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,971
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		74.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		71.77
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		71.77
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9428) for Polk (53)		192.56
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		192.56
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		71.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		71.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		4,852,631.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		812.70
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		836.73
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		71.77
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(19.37)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		52.40



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 Office of Medicaid Cost Reimbursement Planning and Finance
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120421 - 2015/07
Outpatient Rate: 32.18

Type of Control: Proprietary
 Fiscal Year: 1/1/2013 - 12/31/2013
 Hospital Classification: General

HealthSouth Rehabilitation Hospital-Sea Pines

Type of Action: Unaudited Cost Report

County: Brevard (5)
 District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,417,955.00	236,260.00	72,568.00	823.00	Total Bed Days	32,850
2. Routine	10,666,640.00		104,158.00		Total Inpatient Days	21,096
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	206
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,440
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(365,010.31)	(4,518.69)	(3,380.05)	(15.74)	Medicaid Paid Claims	9
9. Total Cost	18,719,584.69	231,741.31	173,345.95	807.26	Property Rate Allowance	0.80
10. Charges	37,951,107.00	1,066,294.00	354,329.00	1,623.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		1,624,334.00		15,165.53	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	863.90	100.91	County Ceiling Base	998.59	184.13	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	506.29	42.58	Cost Report DRI Index	2.0590
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,541.51	190.35	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	807.26
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		807.26
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		846.47
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		9
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		94.05
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		44.08
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		44.08
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9320) for Brevard (5)		190.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		190.35
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		44.08
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		44.08
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		1,623.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		180.33
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		189.09
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		44.08
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(11.90)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		32.18



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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260011 - 2015/07
453.42 / 14.53

Type of Control: Government

Florida State Hospital

County: Gadsden (20)

Fiscal Year: 7/1/2013 - 6/30/2014

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: Specialized: Psychiatric

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	9,394,575.00		4,111,323.00		Total Inpatient Days	10,664
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	6,446
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	1.0374819798
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	9,394,575.00	0.00	4,111,323.00	0.00	Property Rate Allowance	1.00
10. Charges	9,394,575.00	0.00	4,111,323.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	77,248.00		33,805.84		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	725.57	0.00	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,496.03	184.74	FPLI	0.9045

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	4,111,323.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	33,805.84	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,077,517.16	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	4,230,350.58	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	6,446	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	656.28	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)	656.28	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9045) 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)	0.00	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	5.24	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	661.52	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	4,111,323.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	637.81	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	661.72	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	661.52	19.53
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)	(208.10)	(5.00)
AV	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AW			
AX			
AY	Final Prospective Rates	453.42	14.53



Florida Agency for Health Care Administration
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 Computation of Hospital Prospective Payment Rates
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260029 - 2015/07
373.72 / 14.53

Type of Control: Government

Northeast Florida State Hospital

County: Baker (2)

Fiscal Year: 7/1/2013 - 6/30/2014

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: Specialized: Psychiatric

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,062,896.00	0.00	22,007.00	0.00	Total Bed Days	18,250
2. Routine	8,087,346.00		1,662,247.00		Total Inpatient Days	15,574
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	3,201
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	1.0374819798
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	10,150,242.00	0.00	1,684,254.00	0.00	Property Rate Allowance	1.00
10. Charges	10,150,242.00	0.00	1,684,254.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	334,074.00		55,433.70		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	553.55	0.00	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,577.40	194.79	FPLI	0.9537

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	1,684,254.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	55,433.70	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,628,820.30	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	1,689,871.71	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,201	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	527.92	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)	527.92	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9537) 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)	0.00	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	17.32	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	545.24	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	1,684,254.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	526.16	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	545.89	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	545.24	19.53
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)	(171.52)	(5.00)
AV	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AW			
AX			
AY	Final Prospective Rates	373.72	14.53



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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260045 - 2015/07
201.33 / 14.53

Type of Control: Government

So. Fla. State Hosp

County: Broward (6)

Fiscal Year: 7/1/2013 - 6/30/2014

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: Specialized: Psychiatric

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	372,860.00	0.00	13,146.00	0.00	Total Bed Days	17,410
2. Routine	4,082,300.00		766,319.00		Total Inpatient Days	14,655
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,751
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	1.0374819798
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	4,455,160.00	0.00	779,465.00	0.00	Property Rate Allowance	1.00
10. Charges	4,455,160.00	0.00	779,465.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	93,294.00		16,322.51		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	265.99	0.00	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,789.61	220.99	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	779,465.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	16,322.51	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	763,142.49	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	791,746.58	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,751	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	287.80	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)	287.80	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) 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)	0.00	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	5.93	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	293.74	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	779,465.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	283.34	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	293.96	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	293.74	19.53
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)	(92.40)	(5.00)
AV	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AW			
AX			
AY	Final Prospective Rates	201.33	14.53



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, 2015 through June 30, 2016

260053 - 2015/07
183.01 / 14.53

Type of Control: Government

W. Fla. Comm. Care

County: Santa Rosa (57)

Fiscal Year: 7/1/2013 - 6/30/2014

Type of Action: Unaudited Cost Report

District: 1

Hospital Classification: Specialized: Psychiatric

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	36,500
2. Routine	7,116,549.00		0.00		Total Inpatient Days	27,628
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	0
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,415
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0374819798
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	7,116,549.00	0.00	0.00	0.00	Property Rate Allowance	1.00
10. Charges	17,798,494.00	0.00	0.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	175,857.00		0.00		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	274.01	0.00	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0810
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,573.27	194.28	FPLI	0.9512

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	7,116,549.00	0.00
AB	Total Fixed Costs	175,857.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	6,940,692.00	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	7,200,842.88	0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	27,628	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	260.64	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)	260.64	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9512) for Santa Rosa (57)	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)	0.00	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	6.37	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	267.00	0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	17,798,494.00	0.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	644.22	0.00
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	668.37	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	267.00	19.53
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 25.6234 %)	(83.99)	(5.00)
AV	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AW			
AX			
AY	Final Prospective Rates	183.01	14.53



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, 2015 through June 30, 2016

10281400 - 2015/07

Outpatient Rate: 14.53

Type of Control: Government

University of South Alabama Medical Center

County: Out of State (69)

Fiscal Year: 10/1/2013 - 9/30/2014

Type of Action: Unaudited Cost Report

District: 0

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	47,244,758.00	46,782,388.00	0.00	0.00	Total Bed Days	49,640
2. Routine	17,710,202.00		0.00		Total Inpatient Days	39,398
3. Special Care	11,297,488.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	0
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,506
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	39
9. Total Cost	76,252,448.00	46,782,388.00	0.00	0.00	Property Rate Allowance	0.80
10. Charges	184,987,242.00	150,839,974.00	0.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		5,300,285.00		0.00	Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,858.59	0.00	County Ceiling Base	983.27	197.56	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,622.39	106.44	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,653.98	204.24	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		39
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		110.19
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		204.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.24
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	0.00	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.53	
AU	(IP%: 31.4582 %, OP%: 25.6230 %)	(5.00)	
AV			
AW			
AX			
AY	Final Prospective Rates		14.53



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, 2015 through June 30, 2016

10281402 - 2015/07

Outpatient Rate: 14.53

Type of Control: Nonprofit (Other)
 Fiscal Year: 4/1/1999 - 3/31/2000
 Hospital Classification: General

Infirmiry West

Type of Action: Interim Budget

County: Out of State (69)
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0.00	11,273,651.00	0.00	253.00	Total Bed Days	24
2. Routine	16,108,910.00		2,762,788.00		Total Inpatient Days	14,600
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,504
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	57,003.62	39,893.38	0.00	0.90	Prospective Inflation Factor	1.0000000000
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	13
9. Total Cost	16,165,913.62	11,313,544.38	2,762,788.00	253.90	Property Rate Allowance	0.80
10. Charges	34,583,000.00	23,744,000.00	4,535,408.00	533.00	First Rate Semester in Effect	1999/01
11. Fixed Costs	320,000.00		41,966.59		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,086.59	19.53	County Ceiling Base	983.27	197.56	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.2070
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,653.98	204.24	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	253.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		253.90
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		253.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		19.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		19.53
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		204.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.24
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		19.53
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		19.53
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		533.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		41.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		41.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.53
AU	(IP%: 31.4582 %, OP%: 25.6230 %)		(5.00)
AV			
AW			
AX			
AY	Final Prospective Rates		14.53



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, 2015 through June 30, 2016

10281401 - 2015/07

Outpatient Rate: 127.83

Type of Control: Government
 Fiscal Year: 10/1/2013 - 9/30/2014
 Hospital Classification: General

U.S.A Children's & Women's Hospital

Type of Action: Unaudited Cost Report

County: Out of State (69)
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	38,340,869.00	13,624,943.00	26,137,336.00	9,078,582.00	Total Bed Days	98,915
2. Routine	21,339,697.00		16,025,216.00		Total Inpatient Days	61,279
3. Special Care	29,351,025.00		22,368,003.00		Total Newborn Days	4,973
4. Newborn Routine	1,396,563.00		1,230,597.00		Medicaid Inpatient Days	46,870
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	4,382
6. Home Health					Medicare Inpatient Days	260
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	32
9. Total Cost	90,428,154.00	13,624,943.00	65,761,152.00	9,078,582.00	Property Rate Allowance	0.80
10. Charges	164,052,430.00	37,399,603.00	122,072,009.00	19,212,297.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	7,299,949.00		5,431,918.56		Last Rate Semester in Effect	2015/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,214.81	292,791.86	County Ceiling Base	983.27	197.56	Semester DRI Index	2.1590
2. Base Rate Semester	2014/07	2014/07	Variable Cost Base	1,145.80	169.13	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015955	1.035233	County Ceiling	1,653.98	204.24	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	9,078,582.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		9,078,582.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		9,369,339.64
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		32
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		292,791.86
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		175.09
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		175.09
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		204.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.24
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		175.09
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		175.09
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		19,212,297.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		600,384.28
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		619,612.65
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		175.09
AU	(IP%: 31.4582 %, OP%: 26.9910 %)		(47.26)
AV			
AW			
AX			
AY	Final Prospective Rates		127.83